

122000 397140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

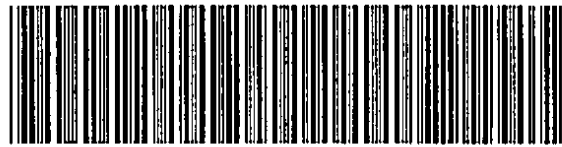
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R and S Farm Supply LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 500394290925

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Robinett  
Name of Person

R and S Farm Supply LLC  
Name of Firm/Company

40 County Road 305  
Address

Bunnell, FL, 32110  
City/State and Zip Code

rjrrb@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Robinett at ( 386 ) 931-5340  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

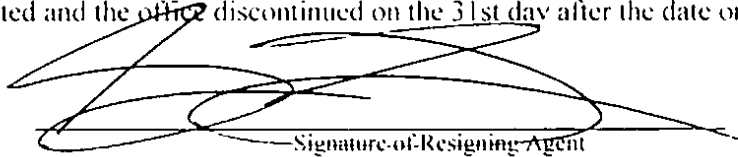
Sarah Scarol, hereby resigns as  
Name of Registered Agent

Registered Agent for R and S Farm Supply LLC  
Name of Limited Liability Company

500394290925 L22000397140  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Sarah Scarol  
Typed or Printed Name  
Registered Agent  
Capacity

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2022 OCT 24 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314