

L22000428371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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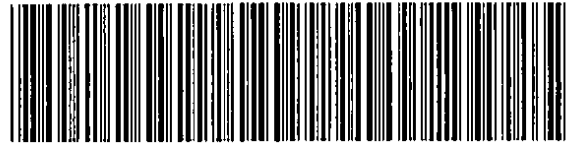
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANDS ON DECK, LLC

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L22000428371

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERTO GARCES

Contact Person

HANDS ON DECK, LLC

Firm/Company

488 48TH STREET, OCEAN

Address

MARATHON, FL 33050

City, State and Zip Code

HANDSONDECK.MARATHON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO GARCES

at (201) 212-2456

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

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

Street Address:

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

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned.

SUSAN M CORBIN _____, hereby resigns as
Name of Registered Agent

Registered Agent for HANDS ON DECK, LLC _____,
Name of Limited Partnership or Limited Liability Limited Partnership

L22000428371 _____
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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DEPARTMENT OF REVENUE
2023 MAY 11 AM 9:38