

L22 000498180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

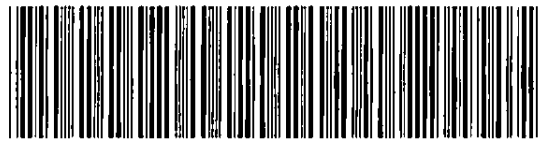
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500436450635

09/16/24--01022--012 **87.50

FILED
2024 SEP 16 PM 3:57
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morbex Automation LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000498180

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:

John B. Rosenquest IV

Name of Person

Krinzman Huss Lubetsky Feldman & Hotte

Name of Firm/Company

169 E. Flagler Street, Ste 500

Address

Miami, Florida 33131

City/State and Zip Code

jbr@khllaw.com

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

For further information concerning this matter, please call:

John B. Rosenquest IV

305 854 9700
at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Rosenquest Law Firm P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Morbex Automation LLC

Name of Limited Liability Company

L22000498180

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:

John B. Rosenquest IV

Typed or Printed Name

Managing Member

Capacity

FILED
2024 SEP 16 PM 3:57
TALLAHASSEE, FLORIDA

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