

L23000060364

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

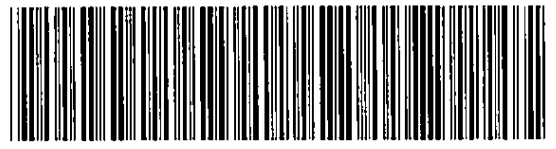
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&R HVAC CERTIFICATION CENTER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000060364

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:

Alejandro Buitrago

Name of Person

A&R HVAC CERTIFICATION CENTER, LLC

Name of Firm/Company

1562 se Village Green Drive

Address

PORT ST. LUCIE, FL 34952

City/State and Zip Code

PORT ST. LUCIE, FL 34952

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

For further information concerning this matter, please call:

Alejandro Buitrago at (772) 800-3689

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Alejandro Buitrago _____, hereby resigns as

Name of Registered Agent

Registered Agent for A&R HVAC CERTIFICATION CENTER, LLC

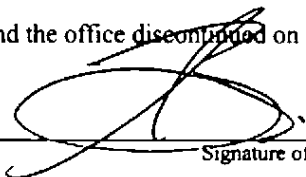
Name of Limited Liability Company

L23000060364

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:

Typed or Printed Name

Capacity

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**

605.0115(1) F.S.