

L23000066529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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1883 W. Royal Hunte Dr Ste. 200  
Cedar City, Utah 84720  
Phone 435-288-0922  
Fax 435-586-9491

Emma Smith, Service Specialist  
[emma@mainstreetbusiness.com](mailto:emma@mainstreetbusiness.com)

August 30, 2024

**Florida Secretary of State**  
**Registration Section**  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

***RE: Statutory Agent Resignation***

**Florida Secretary of State**

Effective immediately, please file the Statutory Agent Resignation for Engineering2.com, LLC (L23000066529). Please see the attached check for \$25 for any State fee filings.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**Main Street Business Services**

Emma Smith  
Service Specialist

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Engineering2.com, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000066529

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:

Emma Smith

\_\_\_\_\_  
Name of Person

Main Street Business Services, LLC

\_\_\_\_\_  
Name of Firm/Company

1883 W Royal Hunte Dr Ste 200

\_\_\_\_\_  
Address

Cedar City, UT 84720

\_\_\_\_\_  
City/State and Zip Code

emma@mainstreetbusiness.com

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

For further information concerning this matter, please call:

Emma Smith

435

288-0922 Ext 010

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registered Agent Solutions, Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Engineering2.com, LLC

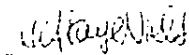
\_\_\_\_\_  
Name of Limited Liability Company

L23000066529

\_\_\_\_\_  
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.



Samantha Niels, Assistant Secretary

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Samantha Niels

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
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