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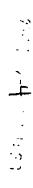
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

PROFESSIONAL BUILDING MAINTENANCE SERV	ICES & REPAIR LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000055629	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
reggiedo@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

4- 26-24-25-54

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 605.0115, Florida Statutes, the undersigned,	
LEGALCORP SOLUT	IONS, LLC , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	WILLPETE ENTERPRISE LLC	
	Name of Limited Liability Company	
L23000182871		
Document	Number, if known	
	tion was mailed to the above listed limited liability company at its last known ted and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated and the office discontinued on the 31st day after the date on which this stated are stated as a stated and the office discontinued on the 31st day after the date on which this stated are stated as a stated are stated a	
	Travis Crabtree	
	Typed or Printed Name Member	
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	4
	withdrawn limited liability company Make shocks payable to Floride Department of State and will be	

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