

L23000379471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

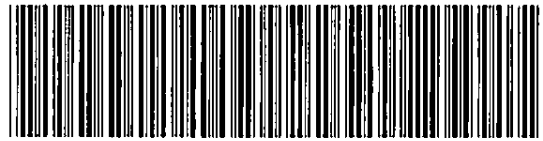
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SEC. OF STATE
TOLSON, MISSOURI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clay's Plumbing Services, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000379471

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:

Charles "Clay" Chesnut

Name of Person

Clay's Plumbing Services, LLC

Name of Firm/Company

965 260th Street

Address

Obrien, Florida

City/State and Zip Code

claychesnut@icloud.com

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

For further information concerning this matter, please call:

Clay Chesnut at (386) 688-4695
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

*To Notify him of
Changes.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clay's Plumbing Services, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000379471

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:

Noah Walker

Name of Person

Name of Firm/Company

358 North Main Blvd

Address

Lake City, Florida

City/State and Zip Code

noah@allthingsvisual.com

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

For further information concerning this matter, please call:

Noah Walker

at (386) 965-2917

Name of Person

Area Code

Daytime Telephone Number

*For Record changes
have been completed.*

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:

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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,

Noah Walker _____, hereby resigns as

Name of Registered Agent

Registered Agent for Clay's Plumbing Services, LLC

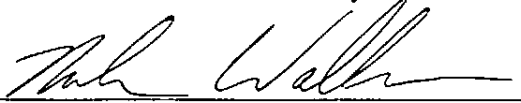
Name of Limited Liability Company

L23000379471

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA