THORE ME AND DOS Requester Name TO 480 Address Flagler Beach FL 32136 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FLAGLER FINANCIAL (Corporation Name)	ENGINEERS, L.C.
2.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4	
(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy 8 Photocopy Certificate of States AMENDMENTS Amendment Resignation of R.A., Officer/Director 23 Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Th	omas P. Sheehan	, hereby resigns as
	(Name of Registered Agent)	, ,
Registered Agent for _	Flagler Financial Engin	eers, L.C.
	(Name of Limited Liability Compa	ny)
A copy of this resignat	on was mailed to the above listed limited	l liability company at its last known address.
The agency is terminat is filed.	ed and the office discontinued on the 31 (Signature of resigning ag	
If signing on behalf of	en entity:	AM 9: 29 AM 9: 29
	(Typed or printed name)	29 RIBA
	(Capacity)	

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

INHS17(10/99)