

MO700000 3704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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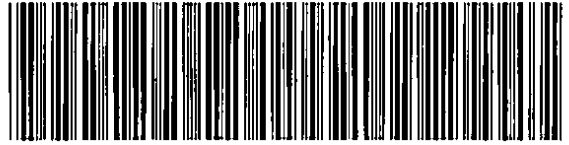
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEVCON TCI LTD CO

Name of Limited Liability Company

DOCUMENT NUMBER: M07000003704

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:

Adrian Corr

Name of Person

Miller Simons O'Sullivan Attorneys at Law

Name of Firm/Company

P.O. Box 260, Regent House West, Regent Village

Address

Grace Bay, Providenciales, Turks and Caicos Islands

City/State and Zip Code

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

For further information concerning this matter, please call:

Adrian Corr

Name of Person

at (+1.649 946.4650)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

David Chellgren

, hereby resigns as

Name of Registered Agent

Registered Agent for DEVCON TCI LTD CO

Name of Limited Liability Company

M07000003704

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.

David Chellgren

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2018 JUN 12 AM 10:45
TALLAHASSEE, FL
STATE OF FLORIDA
TALLAHASSEE, FL

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