

MC700000 3855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

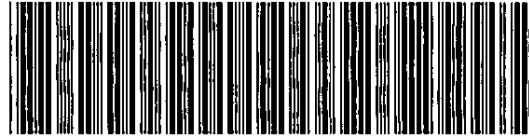
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 11 2015
J SHIVERS



**CAPITOL
SERVICES**

**Resignation of Registered Agent for a
Foreign Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 12/7/2015
STATE: FLORIDA
REP UNIT: AVTURF, L.L.C.**

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 26872 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-47041F

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

AVTURF, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: M07000003855

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:

Rhonda Peirce

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Name of Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

rpeirce@capitol-services.com

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

For further information concerning this matter, please call:

Rhonda Peirce

Name of Person

at (800) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Capitol Corporate Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for

AVTURF, L.L.C.

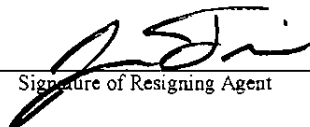
Name of the Limited Liability Company

M07000003855

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:

Jason Fischer

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:
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P.O. Box 6327
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Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

Return acknowledgment to:

★
Capitol Corporate Services, Inc.

P.O. Box 1831, Austin, TX 78767
800/345-4647

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Registered Agent for

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Name of the Limited Liability Company

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Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

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TALLAHASSEE, FLORIDA

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