

068000004890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

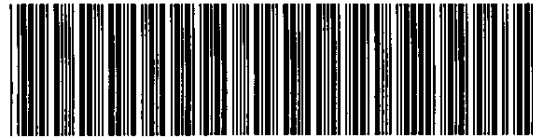
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500298340615

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 24 PM 3:23

04/25/17--01008--013 *25.00

RECEIVED

2017 APR 24 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FT. CHAFFEE RANGERS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M11000004890

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:

William M. Holland, Jr.

Name of Person

Name of Firm/Company

1725 E. 8th Avenue

Address

Tampa, Florida 33605

City/State and Zip Code

williamholland12@aol.com

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

For further information concerning this matter, please call:

William M. Holland, Jr.

Name of Person

at (813)

Area Code

988-9894

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

William M. Holland, Jr.

, hereby resigns as

Name of Registered Agent

Registered Agent for FT. CHAFFEE RANGERS, LLC

Name of Limited Liability Company

M11000004890

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:

William M. Holland, Jr.

Typed or Printed Name

Manager

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

FILED
2011 APR 24 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA