

MI3000004505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

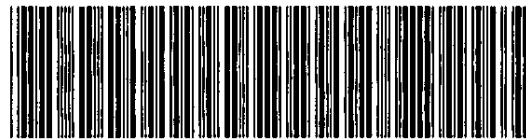
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291071893

10/14/16--01035--004 **85.00

FILED
16 NOV 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 1 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

BEN SULLIVAN
170 S. LINCOLN, STE 150
SPOKANE, WA 99201

SUBJECT: OFF LEASE LASER LLC
Ref. Number: M13000004505

RECEIVED
2016 NOV 29 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OFF LEASE LASER LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE APPLICATION WITH THE REGISTERED AGENTS FULL NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00022351

FILED
16 NOV 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OFF LEASE LASER LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M13000004505

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:

Ben Sullivan

Name of Person

Registered Agents Inc.

Name of Firm/Company

170 S. Lincoln, STE 150

Address

Spokane, WA 99201

City/State and Zip Code

info@registeredagentsinc.com

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

For further information concerning this matter, please call:

Ben Sullivan

Name of Person

at (307) 200-2803

Area Code

Daytime Telephone Number

FILED
16 NOV 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

REGISTERED AGENTS INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

OFF LEASE LASER LLC


Name of Limited Liability Company

M13000004505

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:

Bill Havre

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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
16 NOV 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA