

M14000003480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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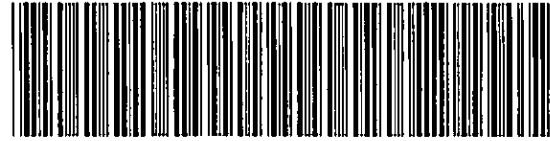
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Effectus Communications & Marketing Services LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M14000003480

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:

John Ferry

Name of Person

Name of Firm/Company

PO Box 2197

Address

Sun Valley, Idaho 83353

City/State and Zip Code

ipf.ferry@gmail.com

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

For further information concerning this matter, please call:

John Ferry

Name of Person

at (508) 728 1561

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Perry Law, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for Effectus Communications & Marketing Services LLC

Name of Limited Liability Company

M14000003480

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:

Mark B. Perry

Typed or Printed Name

President

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
18 FEB -8 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA