M14000006800

(Requestor's Name)
,
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doodinont Hambor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
·

Office Use Only



000290088360

10/18/16--01025--009 **85.00

16 OCT 18 AM II: 05 DIVISION OF CORPCRATIONS

O SIMMONS OCT 2 0 2016

COVER LETTER

Registration Section

TO:

Division of Corporations SUBJECT: ALVAREZ ENVIRONMENTAL, LLC Name of Limited Liability Company DOCUMENT NUMBER: M14000006800 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: Laurie Wilson Name of Person Hubco Registered Agent Services, Inc. Name of Firm/Company 238 West Jericho Turnpike Address Huntington Sta, NY 11746-3661 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laurie Wilson Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Company of all surjections Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	1115, Florida Statutes, the	e undersigned,	
Hubco Registered Agent Services, Inc.		, hereby resigns as	
Name of Registered A	\gent	, , , , , , , , , , , , , , , , , , ,	
Registered Agent for ALVAREZ ENVII	RONMENTAL, LLC		-
Name of I	Limited Liability Company		_,
M1400006800			
Document Number, if known			
A copy of this resignation was mailed to the			
The agency is terminated and the office dis g	Signature of Resigning A	OLVISION OF	is filed.
If signing on behalf of an entity:		800 8 00 8	
Ві	ruce B. Hubbard	AM II:	
	Typed or Printed Name President	1: 05	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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