

M15 0000002867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

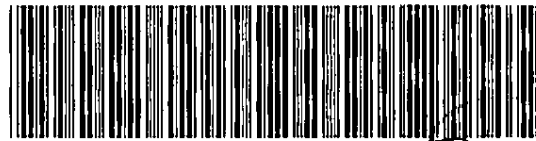
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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D. BRUCE
AUG 31 2020

COVER LETTER

TO: Registration Section
Division of Corporations

VERIFYID, LLC

SUBJECT: _____
Name of Limited Liability Company

M15000002867

DOCUMENT NUMBER: _____

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:

ROBERT SMOLEY

Name of Person

VERIFYID, LLC

Name of Firm/Company

1932 TYLER STREET

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code _____

BSMOLEY@VERIFYID.COM

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

For further information concerning this matter, please call:

ROBERT SMOLEY	305	528-6200
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_____ at (_____) _____
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KEITH M. POLIAKOFF

hereby resigns as

Name of Registered Agent

VERIFYID, LLC

Registered Agent for

Name of Limited Liability Company

M1500002867

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:

KEITH M. POLIAKOFF

Typed or Printed Name

REGISTERED AGENT

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

INHS17 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FL

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