

M16000000657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

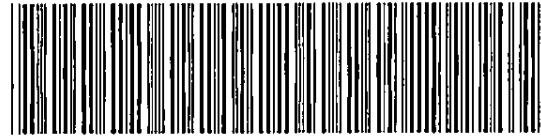
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400340203504

02/07/20--01003--002 **110.00

20 FEB -7 AM 8:21

2020 FEB -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Y SULKER
FEB 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTMI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M16000000657

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:

CLARK MANN
Name of Person

Name of Firm/Company

1092 SHAFFER TRAIL
Address

DUVEDO, FL 32765
City/State and Zip Code

CDMANN20GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARK MANN at (407) 739-3768
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CLARK MANN

Name of Registered Agent

hereby resigns as

Registered Agent for CTMI, LLC

Name of Limited Liability Company

M16000000657

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:

CLARK D. MANN

Typed or Printed Name

ASST. SECRETARY

Capacity

FILED
2020 FEB -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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