

M16000 001 129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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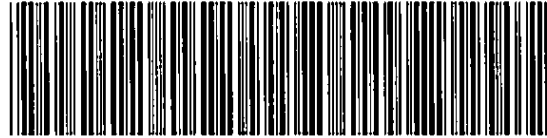
(Business Entity Name)

(Document Number)

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MAR 04 2020  
C. MONTGOMERY

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATC A/C & HEATING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M16000001129

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:

JACKIE FARRIS

Name of Person

BSI CONTRACTOR SERVICES

Name of Firm/Company

36 ARLINGTON RD S

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

JACKIE@BSICONTRACTORSERVICES.COM

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

For further information concerning this matter, please call:

JACKIE FARRIS

Name of Person

at (

904

) Area Code

683-5494

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

20 FEB -6 PM 4:44  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
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,

JACKIE FARRIS hereby resigns as  
Name of Registered Agent

Registered Agent for ATC A/C & HEATING LLC

Name of Limited Liability Company

M16000001129

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:

\  
Typed or Printed Name

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

20 FEB -6 PM 4:14  
FARRIS, JACKIE  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS