

M1700000 2657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

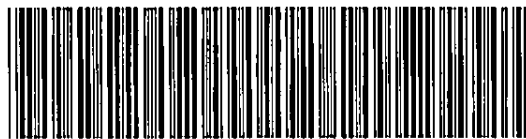
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900323829309

01/28/19--01043--023 **85.00

FILED

2019 JAN 28 PM 12:47

STATE OF NEW YORK
TALLMAN, N.Y. 11784

R+A/RCS

FEB 04 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

NeoCo LLC

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: M17000002657

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:

Joseph Munden

Name of Person

NeoCo LLC

Name of Firm/Company

2053 Appaloosa Ln

Address

Melbourne FL 32934

City/State and Zip Code

jwmunden@themundengroup.com

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

For further information concerning this matter, please call:

Venus Caruso 561 508-3101

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Venus A. Caruso, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for NeoCo LLC

Name of Limited Liability Company

M17000002657

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

FILED
2019 JAN 28 PM 12:47
STATE OF FLORIDA
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