

M18000001856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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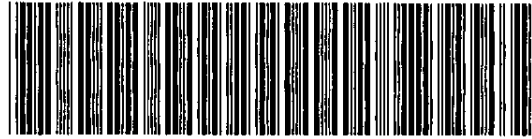
(Business Entity Name)

(Document Number)

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18 MAR -9 11 8:37  
TALLAHASSEE FLORIDA

J. LEGGETT  
MAR 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2018

KYLE LEMCKE  
20705 DOTHAN ROAD  
MIAMI, FL 33189 US

SUBJECT: LEMCKE ENTERPRISES LLC  
Ref. Number: M18000001850

We have received your document for LEMCKE ENTERPRISES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 418A00004088

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lemcke Enterprises LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M18000001850

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:

Angie Rodriguez  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

20705 Dothan Road  
Address

Cutler Bay, FL 33189  
City/State and Zip Code

Angierad0131@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angie Rodriguez at ( 786 ) 443-1761  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

Angie Rodriguez, hereby resigns as  
Name of Registered Agent

Registered Agent for Lemcke Enterprises LLC  
Name of Limited Liability Company

M180000001850  
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.

Angie Rodriguez  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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TALLAHASSEE, FL

**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