

109000073057

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

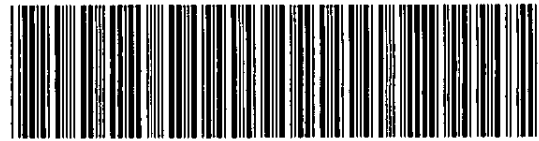
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**18 FEB 23 AM 11:34**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
FEB 26 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOARDINGHOUSE, L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000073057

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:

Thomas Schaefer

Name of Person

Boardinghouse L.L.C.

Name of Firm/Company

1458 Viking Court

Address

Cape Coral, FL 33904

City/State and Zip Code

thomasxx@aol.com

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

For further information concerning this matter, please call:

Thomas Schaefer

Name of Person

at ( 239 ) 549-1092

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Viola Collins

Name of Registered Agent

, hereby resigns as

Registered Agent for

BOARDINGHOUSE, L.L.C.

Name of Limited Liability Company

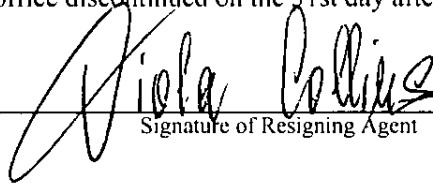
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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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:

Viola Collins, Accountant

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**