

L16000098926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

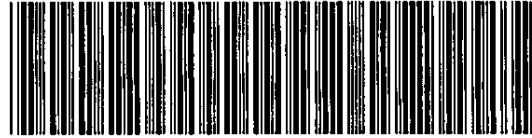
(Business Entity Name)

(Document Number)

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APR 25 2018
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIORDANO HOME RENOVATIONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000098926

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:

ROBIN MOLT
Name of Person

CORPORATION SERVICE COMPANY
Name of Firm/Company

80 STATE STREET
Address

ALBANY NY 12207
City/State and Zip Code

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

For further information concerning this matter, please call:

ROBIN MOLT at (518) 433-7018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for **GIORDANO HOME RENOVATIONS, LLC**

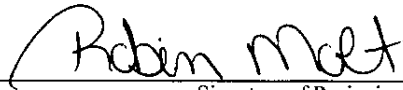
Name of Limited Liability Company

L16000098926

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:

ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

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**