L19000195091

(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

500372475465

08/31/21--01007--024 **87.50

R. WHITE

SEP 29 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Top Knotch Credit Repair, LLC
(Name of Corporation)

DOCUMENT NUMBER: L19000195091

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Cromer
(Name of Person)

Cromer Enterprises, LLC
(Name of Firm/Company)

1225 US Highway 1 #3
(Address)

Vero Beach, FL 32963
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Cromer or Christine LaPlant at (772) 231-1040
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 28 PM 2:08

September 7, 2021

JULIE CROMER
CROMER ENTERPRISES, LLC
1225 US HIGHWAY 1 #3
VERO BEACH, FL 32960

SUBJECT: TOP KNOTCH CREDIT REPAIR LLC
Ref. Number: L19000195091

We have received your document for TOP KNOTCH CREDIT REPAIR 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 LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 021A00021539

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Knotch Credit Repair, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000195091

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:

Christine LaPlant
Name of Person

NJHall, Donini + Assoc., CPA'S
Name of Firm/Company

3055 Cardinal Drive, Suite 301
Address

Vero Beach FL 32963
City/State and Zip Code

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

For further information concerning this matter, please call:

Christine LaPlant at (772) 231-1040
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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,

Julie Cromer, hereby resigns as

Name of Registered Agent

Registered Agent for Top Knotch Credit Repair, LLC,

Name of Limited Liability Company

L19000195091

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:

Julie Cromer

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

INHS17 (2/14)