

L 02000010304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**RESIGNATION OF REGISTERED AGENT FOR A
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416(2) or 608.509, Florida Statutes, the undersigned HCRM Corp. hereby resigns as Registered Agent for C L SOAVE CUSTOM HOMES, LLC, Document No. L02000010304.

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.

HCRM CORP.

By: _____

If signing on behalf of an entity:

Printed Name: Andrew M. Gross

Capacity: Vice President

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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withdrawn limited liability company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, Florida 32314