

LO2000027994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

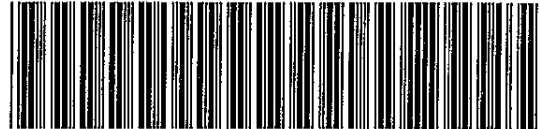
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700024741157

11/17/03--01090--014 \*\*85.00

FILED  
03 NOV 21 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

LO2000027994  
33 APR  
11-21-03  
cel

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RENAISSANCE ENTERPRISES LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** LQ2000027994

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:

JOSEPH JONES  
(Name of Person)

RENAISSANCE ENTERPRISES LLC  
(Name of Firm/Company)

2501 SW 37th TERRACE  
(Address)

CAPE CORAL, FLORIDA 33914  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH JONES at (239) 542-8603  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PHYLLIS J. JONES Phyllis J. Jones, hereby resigns as  
(Name of Registered Agent)

Registered Agent for RENAISSANCE ENTERPRISES LLC  
(Name of Limited Liability Company)

LO 200 0027994  
(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.

Phyllis J. Jones  
(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A  
(Typed or Printed Name)  
(Capacity)

FILED  
03 NOV 21 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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