

L03000041013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resignation  
Active

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AHF Florida, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000041013

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:

Glenda David

\_\_\_\_\_  
Name of Person

American Housing Foundation

\_\_\_\_\_  
Name of Firm/Company

1800 S. Washington Suite 311

\_\_\_\_\_  
Address

Amarillo, Texas 79102

\_\_\_\_\_  
City/State and Zip Code

glenda@americanhousing.org

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

For further information concerning this matter, please call:

Glenda David

at (806) 349-4612

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FL

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CT Corporation \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for AHF Florida, LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

L03000041013 \_\_\_\_\_

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:

CT Corporation System \_\_\_\_\_

Typed or Printed Name

Assistant Secretary \_\_\_\_\_

Capacity

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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