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(Requestor's Name)					
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(Ci	ty/State/Zip/Phone #	9			
PICK-UP	☐ WAIT	MAIL			
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(Bu	usiness Entity Name	·)			
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### **COVER LETTER**

. TO: Registration Section Division of Corporations

SUBJECT:	COMPREH	COMPREHENSIVE VIEW REAL ESTATE, LLC			
30B02C1	Nam	e of Limited	Liability	Company	
DOCUMENT NUM	MBER:	L070000	055191		
The enclosed Resignation filing.	nation of Registered	Agent for a	Limited	Liability Company and fee are	submitted
Please return all cor	respondence concer	ning this ma	atter to the	e following:	
	Kaitie Sperry				
	Name of Person				
C	Corporate Direct, In	nc.			
7	Name of Firm/Compar	ıy			
224	8 Meridian Blvd., \$	Ste H			
	Address				
	Minden, NV 89423	3			
	City/State and Zip Cod	le		•	
inf	o@corporatedirec	t.com			
E-mail address: (t	o be used for future anni	ual report noti	fication)		
For further information	tion concerning this	matter, plea	ise call:		
Ka	itie Sperry	at (	775	782-2201	
Nan	ne of Person	<del></del> \ <del></del>	rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	of section 605.0115, Florida Statutes	the undersigned.	BHOCT 3U
(	Gerri Detweiler	, hereby resigns as	13. By -
Na	me of Registered Agent	, , nervo, resigno ke	36.
Registered Agent for	COMPREHENSIVE VII	EW REAL ESTATE, LLO	0 2 3
<i>c c</i> <u> </u>			<u>ي</u> ب
	Name of Limited Liability Compar	ny	
L0700005	5191		
Document Numb	er, if known		
	was mailed to the above listed limited and the office discontinued on the 31s		
_	A Deterred Signature of Resign	ing Agent	
If signing on behalf of an e	ntity:		
	Gerri Detweiler		
	Typed or Printed Name	:	
	Registered Ager	nt	
_	Capacity		

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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