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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.

Account Number: 120040000147 Phone: (239)263-6000

Fax Number : (239)263-6757

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jbruggere forsythbrugger. com

LLC REGISTERED AGENT RESIGNATION CHAMPION REAL ESTATE SOLUTIONS, LLC

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JUN 1 1 2018

6/8/2018

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115, Florida Statutes, the	: undersigned,
JOHN N BRUGGER		, hereby resigns as
Name of Register	red Agent	, , , , , , , , , , , , , , , , , , ,
Registered Agent for CHAMPION F	REAL ESTATE SOLUTION	ONS, LLC
CHAMPION REAL ESTATE SC	DLUTIONS, LLC	,
· Name	e of Limited Liability Company	
L08000066238		
Document Number, if known		
A copy of this resignation was mailed	to the above listed limited lial	ability company at its last known address.
The agency is terminated and the office	e discontinued on the 31st da	ay after the date on which this statement is filed
If signing on behalf of an entity:	Signature of Resigning A	Agent 60
JOHN N E	BRUGGER	
REGISTE	Typed or Printed Name RED AGENT	8
	Capacity	
		5
\$	ILING FEES: 85.00 Active limited liab 25.00 Administratively d withdrawn limited	pility company dissolved/voluntarily dissolved/ d liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CHAMPION REAL ESTATE Name of	SOLUTIONS, I	Company	
DOCUMENT NUMBER: L08000066238			
The enclosed Resignation of Registered Age for filing.		Liability Company and fee are submit	ted
Please return all correspondence concerning	this matter to th	e following:	
JOHN N BRUGGER			
Name of Person			
FORSYTH & BRUGGER, P.A.			
Name of Firm/Company			
600 5TH AVE S., STE 207			
Address			
NAPLES, FL 34102			
City/State and Zip Code			
JBRUGGER@FORSYTHBRUGGER.C			
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this mat	tter, please call:		
JOHN N BRUGGER	239	263-6000 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Fliability company or \$25.00 for an administ liability company.	orida Departmen tratively dissolve	t of State for \$85.00 for an active limi d, voluntarily dissolved or withdrawn	ted limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registi Divisio Clifton 2661 E	ET ADDRESS: ation Section on of Corporations Building Executive Center Circle	

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