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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PRESTIGE HOME SERVICES HOUSE SITTING, LICE Name of Limited Liability Company DOCUMENT NUMBER: L 08000104657
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:
RICHARD SONDEL Name of Person
Name of Firm/Company
21803 ARRIBA REAL, APT 13I
BOCA RAYON FL 33437 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD SWDEL at (561) 883 9912 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

43/

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 608.41	6(2) or 608.5	509, Florida Sta	tutes, the unders	signed,	
RICHARD SO				_, hereby resign	ns as	
Na	me of Registered A	gent				
Registered Agent for PRE	5TTGF #	LOME S	ERVICES	HOUSE:	SITTING	LLC
	Name of L	limited Liability	Company			
408000 10 Document Numb	4657 er, if known	7				
A copy of this resignation v	was mailed to the	e above listed	limited liability	y company at its	last known add	dress.
The agency is terminated a	nd the office disc	continued on	the 31st day aff	er the date on w	hich this staten	nent is filed.
_		Signature o	of Resigning Agent		TALLA	09
If signing on behalf of an e	ntity:				HASSE HASSE	THE THE
		Typed or Print	ed Name		OF STA	-ED
_		Capacity			ATE TO	0 بر تش

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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