

L090000027427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

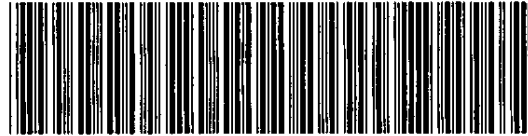
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: ~~Reg~~ Registration Section  
Division of Corporations

SUBJECT: RENAISSANCE REAL ESTATE REFERRALS, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L09000027427

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:

BEAU SARIDIS  
Name of Person

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

2901 S GREENLEAF CIR  
Address

BOYNTON BEACH, FL 33426  
City/State and Zip Code

badabeau@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEAU SARIDIS at (954) 547-8572  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

BEAU SARIDIS

Name of Registered Agent

Registered Agent for

RENAISSANCE REAL ESTATE REFERRALS, LLC

Name of Limited Liability Company

LO9000027427

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:

Typed or Printed Name

Capacity

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DEPT. 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**