

L09000086681

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOME RESOURCE GALLERY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000086681

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:

MICHELE DIGLIO-BENKIRAN
Name of Person

BENKIRAN LAW FIRM, P.A.
Name of Firm/Company

1999 WEST COLONIAL DRIVE, STE. 204
Address

ORLANDO, FL 32804
City/State and Zip Code

MICHELE@BENKIRANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE BENKIRAN at (407) 581-2565
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MICHELE DIGLIO-BENKIRAN

Name of Registered Agent

Registered Agent for HOME RESOURCE GALLERY, LLC

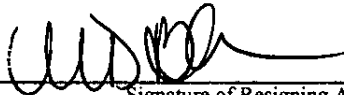
Name of Limited Liability Company

L09000086681

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

Michele Diglio-Benkiran

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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withdrawn limited liability company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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA