

209000112129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

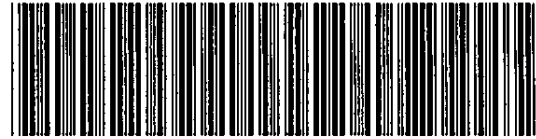
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600311697036

04/19/18--01004--006 **25.00

FILED
18 APR 19 PM 4:49
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

Y SULKER

APR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.A. Interior Remodeling LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L09000112129

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:

Leston Andrew
Name of Person

L.A. Interior Remodeling LLC.
Name of Firm/Company

4737 S. Texas Ave Apt A
Address

Orlando Florida 32839
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Ranno at (407) 826-9588
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Shawn Ranno, hereby resigns as
Name of Registered Agent

Registered Agent for L.A. Interior Remodeling L.L.C.
Name of Limited Liability Company

L09000112129
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.

Shawn Ranno
Signature of Resigning Agent

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