

L100000081233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

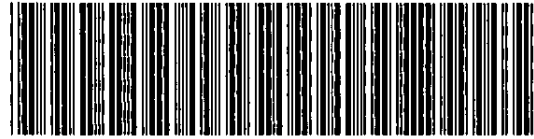
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SEP 26 2012

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DIVISION OF CORPORATIONS
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File 2nd**COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Home Masters of Orlando RMC, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L10006081233

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 J Hanahoe Jr.
Name of Person

Name of Firm/Company

P.O. Box 770812
Address

Orlando, FL 32877
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard J Hanahoe Jr. at (407) 712-4744
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Richard J Hanahoe Jr.

, hereby resigns as

Name of Registered Agent

Registered Agent for Home Masters of Orlando RMC, LLC.

Home Masters of Orlando RMC, LLC.

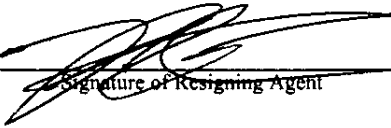
Name of Limited Liability Company

L10000081233

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:

Richard J Hanahoe Jr.

Typed or Printed Name

Registered Agent

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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