

L 11 0000 19885

VIA

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(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAXTER RESTORATION, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000019885

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:

HOLLY GREER

Name of Person

GREER LAW LLC

Name of Firm/Company

4138 SHORECREST DRIVE

Address

ORLANDO, FL 32804

City/State and Zip Code

HOLLY@HOLLYGREER.COM

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

For further information concerning this matter, please call:

HOLLY GREER

407

9470951

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GREER LAW LLC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for BAXTER RESTORATION, LLC

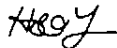
Name of Limited Liability Company

L11000019885

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:

HOLLY GREER

Typed or Printed Name

MANAGER

Capacity

FILED
2024 JAN 25 PM 4:37
CORPORATION DIVISION
TALLAHASSEE, FL

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