

L11000023261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

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MAR 21 2011

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 18 AM 10:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HOME REALTY RENTALS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHY ZORN

Name of Person

FLORIDA HOME RE4ALTY

Firm/Company

1575 PINE RIDGE ROAD, #16

Address

NAPLES, FL 34109

City/State and Zip Code

KATHY@FLORIDAHOMEREALTY.COM

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

For further information concerning this matter, please call:

KATHY ZORN

Name of Person

at (239)

430-3995

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA HOME REALTY RENTALS LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L11000023261

4. I, NACE COHEN, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA