

L11 0000 23746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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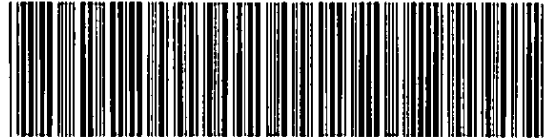
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matrix Renovations LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.11000023746

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:

Anthony Accetta

Name of Person

Law Offices of Anthony Accetta, PA

Name of Firm/Company

135 San Lorenzo Avenue PH 820

Address

Coral Gables, FL 33146

City/State and Zip Code

yancy@anthonyaccetta.com

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

For further information concerning this matter, please call:

Anthony Accetta

305

448-4529

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Law Offices of Anthony Accetta PA

, hereby resigns as

Name of Registered Agent

Registered Agent for Matrix Renovations LLC

Name of Limited Liability Company

L11000023746

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:

Anthony Accetta

Typed or Printed Name

Attorney

Capacity

FILED
2022 JUN 10 PM 12:48
SECRETARY OF STATE
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