L11 0000 47519

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





100285897361

05/19/16--01022--029 **85.00



COVER LETTER

SUBJECT: HOLMES RESIDENTIAL REAL ESTATE IN	IVESTOR, LLC			
Name of Limited Liability Company				
DOCUMENT NUMBER: L11000047519				
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted			
Please return all correspondence concerning this matter to the	e following:			
Brenna Lutter				
Name of Person				
BizFilings				
Name of Firm/Company				
8020 Excelsior Dr Ste 200				
Address				
Madison, WI 53717				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brenna Lutter 608	827-5300 Daytime Telephone Number			
Name of Person Area Code	Daytime Telephone Number			
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited			

Registration Section Division of Corporations P.O. Box 6327

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 605.01	15, Florida Statutes, the ur	ndersigned,	
BUSINESS FILINGS INCORPORATION	TED	, hereby resigns as	
Name of Registered Ago	ent	, nerody redigits as	
Registered Agent for HOLMES RESIDE	ENTIAL REAL ESTAT	E INVESTOR, LLC	
Name of Lin	mited Liability Company		
L11000047519			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liabil	lity company at its last know	wn address.
The agency is terminated and the office disc	ontinued on the 31st day a	after the date on which this	statement is filed
Burney of Busine If signing on behalf of an entity:	Signature of Resigning Age	t Secretary	7 7 76
Brenna Lutter) 	MAY
Asst. Secretary	Typed or Printed Name		719
	Capacity		图量 门。
		.0805	7
	G FEES:		
\$ 85.00 \$ 25.00	Active limited liability Administratively dissorbith withdrawn limited liability	y company olved/ voluntarily dissolve ibility company	ed/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314