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O. BRUCE

COVER LETTER

SUBJECT: PRESTIGE HOMES, LLC	of Limited Liabilit	v Company	
DOCUMENT NUMBER: L1100004964			
The enclosed Resignation of Registered A for filing.	gent for a Limite	d Liability Company and	d fee are submitted
Please return all correspondence concernir	ng this matter to t	he following:	
Valerie Liotta			
Name of Person		-	
Swart Baumruk & Company, LLP			
Name of Firm/Company		_	
1101 Miranda Lane			
Address			
Kissimmee, FL 34741			
City/State and Zip Code		_	2019 FEB
E-mail address: (to be used for future annual	report notification)	_	552 -
For further information concerning this ma	atter, please call:		
Valerie Liotta	321 at (402-5180	
Name of Person	Area Code	Daytime Telephone Nu	imber 32' . Oi
Enclosed is a check made payable to the F liability company or \$25.00 for an adminis liability company.	lorida Departmei stratively dissolve	nt of State for \$85.00 for ed, voluntarily dissolved	r an active limited I or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 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 provision	s of section 605.011:	5. Florida Statutes, the und	ersigned.			
Swart Baumruk & Company, LLP		, hereby resigns as				
Name of Registered Agent			• • • • • • • • • • • • • • • • • • •			
Registered Agent for Pr	estige Homes, Ll	_C				
	Name of Lim	ited Liability Company				
L11000049640						
Document Nur	nber, if known					
A copy of this resignation	n was mailed to the a	above listed limited liability	company at its last kno	own add	ress.	
The agency is terminated	and the office disco	ntinued on the 31st day after the state of Resigning Agent	er the date on which this	; statem	ent is t	iled.
If signing on behalf of an	entity:					
	Andy J. Baumru	k		<u> </u>	2019	
	T	yped or Printed Name			(H)	
	Managing Partne				8	Carrier of
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	zed/ˈvoluntarilv dissolve	100 / 100 /	MII: 26	Second Se

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