

L1100000810S4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

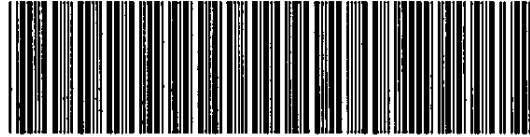
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TALLAHASSEE, FLORIDA

JUN 02 2016

WARREN
S. MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baker Renovations LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000081054

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:

Danielle Baker
Name of Person

n/a
Name of Firm/Company

53 ten Eyck Ave
Address

Albany, NY 12209
City/State and Zip Code

bakerrenovationsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Baker at (386) 717-6975
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 605.0115, Florida Statutes, the undersigned,

Danielle Baker

Name of Registered Agent

, hereby resigns as

Registered Agent for

Baker Renovations LLC

Name of Limited Liability Company

L11000081054

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.

Danielle Baker

Signature of Resigning Agent

If signing on behalf of an entity:

n/a

Typed or Printed Name

Capacity

FILED
2015 MAY 26 P 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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