

h12 000000 3708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

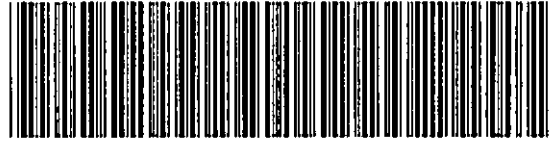
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB 17 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FL

RH/RES

FEB 24 2022

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

CREDO, LLC

SUBJECT: _____
Name of Limited Liability Company

L12000003708

DOCUMENT NUMBER: _____

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:

GUY SPIEGELMAN ATTORNEY

Name of Person

Name of Firm/Company

19 WEST FLAGLER STREET, SUITE 912

Address

MIAMI, FL. 33130

City/State and Zip Code

ggs@spiegelmanlaw.com

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

For further information concerning this matter, please call:

Guy Spiegelman

305 373-6634

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

_____, hereby resigns as
Name of Registered Agent

CREDO, LLC

Registered Agent for _____

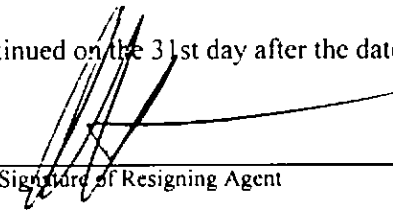
Name of Limited Liability Company

L12000003708

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:

Typed or Printed Name

Capacity

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

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2022 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL