

L120000045027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

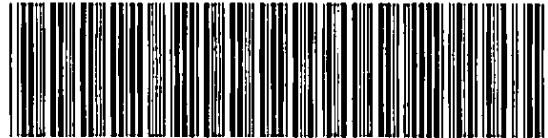
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FILED  
2022 FEB -7 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
RA  
Resign.

FEB 21 2022

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RECEIVED

2022 FEB -7 PM 1:41

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

January 3, 2022

LUANN BREHM, CPA  
4500 140TH AVE. NORTH  
SUITE #150 116  
CLEARWATER, FL 33762

SUBJECT: R.E.E.T.S., LLC  
Ref. Number: L12000045027

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please correct your document to reflect that it is filed pursuant to the correct statute number.

THE STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY IS FILED PURSUANT TO THE PROVISIONS OF SECTION 605.0115, FLORIDA STATUTES. PLEASE CORRECT THE STATUTE NUMBER SHOWN IN THE FIRST PARAGRAPH OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 421A00029464



2021 NOV 23 AM 9:48

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2021

R.E.E.T.S., LLC  
362 GULF BREEZE PARKWAY  
150  
GULF BREEZE, FL 32561

SUBJECT: R.E.E.T.S., LLC  
Ref. Number: L12000045027

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

I HAVE ATTACHED THE CORRECT FORM YOU WILL NEED TO COMPLETE AND SEND IT BACK.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 521A00026513

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R.E.E.T.S. LLC 212000045027  
Name of Limited Liability Company

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:

Luan Brehm  
Name of Person

Brehm + Branner PA  
Name of Firm/Company

4500 140th Ave North Ste 116  
Address

Clearwater FL 33762  
City/State and Zip Code

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

For further information concerning this matter, please call:

Luan Brehm at ( 727 ) 572 1040  
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  
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,

LuAnn Brehm, hereby resigns as  
Name of Registered Agent

Registered Agent for R.E.E.T.S., LLC  
L12000045027  
Name of Limited Liability Company

L12000045027  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
2022 FEB -7 AM 8:05  
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

ALREADY PAID -  
SEE Ltr attached  
from FL