

L12000139321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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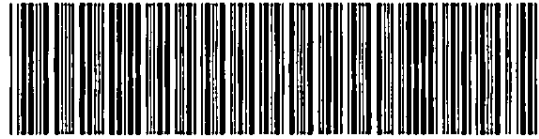
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

*Distinguished Homes Realty LLC*  
Name of Limited Liability Company

DOCUMENT NUMBER: \_\_\_\_\_

*112 000 139 321*

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:

*Ann M Bagdon*  
Name of Person

*Distinguished Homes Realty LLC*  
Name of Firm/Company

*21 Island Estates Pkwy*  
Address

*Palm Coast, FL 32137*  
City/State and Zip Code

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

For further information concerning this matter, please call:

*Ann M Bagdon*  
Name of Person

at ( *386* )

*302-0313*  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

19 DEC 20 PM 3:04

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

RECEIVED  
19 DEC 20 PM 3:04  
DIVISION OF CORPORATIONS

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Ann M Bagdon hereby resigns as  
Name of Registered Agent

Registered Agent for Distinguished Homes Realty LLC  
Name of Limited Liability Company

L12000139321  
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.

Ann M Bagdon  
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