# ECHAPO000411

(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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#### **COVER LETTER**

TO: Registratio	on Section of Corporations		
Division o	or Corporations		
Floori SUBJECT:	ng by Carpets Etc LLC		
•	Name	of Limited Liability	/ Company
DOCUMENT N	UMBER: L14000042453		
The enclosed Res for filing.	ignation of Registered A	Agent for a Limited	d Liability Company and fee are submitted
Please return all c	orrespondence concerni	ng this matter to t	he following:
Robert Sharot			
	Name of Person		-
Flooring by Carpets	Ete LLC		
	Name of Firm/Company		-
1374 SE Huffman R	oad		
	Address		•
Port Saint Lucie, FL	34952	•	
	City/State and Zip Code		-
info@carpetsetcpsl.c	com		
E-mail address:	(to be used for future annual	report notification)	-
For further inforn	nation concerning this m	atter, please call:	
Robert Sharot		772 at (	8784707
N:	ame 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersigned,			
Elizabeth Greear	, hereby resigns as			
	Name of Registered Agent			
Registered Agent for Flo	oring by Carpets Etc LLC			
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company	·		
L14000042453				
Document Nun	nber, if known			
A copy of this resignation	n was mailed to the above listed limited liability company at its last known address	ess.		
The agency is terminated	and the office discontinued on the 31st day after the date on which this stateme	nt is file	d.	
	Elizabeth Greeae Signature of Resigning Agent			
If signing on behalf of an	entity:	IĂLLA	2024 OCT 21	<u>-r}</u>
	Typed or Printed Name	AHASS	CT 21	
	Capacity	EE, FI	꾶	
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	LORIDA	PM 1: 13	

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

INHS17 (2/14)

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