

L14000042453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TO:** Registration Section  
Division of Corporations

DOCUMENT NUMBER: L14000042453

Please return all correspondence concerning this matter to the following:

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Name of Person

Name of Firm/Company \_\_\_\_\_

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Address

City/State and Zip Code \_\_\_\_\_

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

Robert Sharot at (772) 8784707

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Name of Person Area Code Daytime Telephone Number

**Mailing Address:****Street Address:**

INHS17 (2/14)

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

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

Elizabeth Greear

, hereby resigns as

Name of Registered Agent

Registered Agent for Flooring by Carpets Etc LLC

Name of Limited Liability Company

L14000042453

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.

*Elizabeth Greear*

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withdrawn limited liability company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

INHS17 (2/14)

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DEPARTMENT OF STATE