

L14000129609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

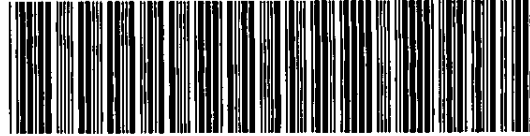
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Resignation

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSCAPE OUTDOOR RENOVATION, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000129609

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:

JOSEPH D. ORT

Name of Person

THE ORT LAW FIRM

Name of Firm/Company

1305 E. PLANT STREET

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSEPH D. ORT

Name of Person

at (407)

Area Code

656-4500

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL

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

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

JOSEPH D. ORT, P.L.

, hereby resigns as

Name of Registered Agent

Registered Agent for SUNSCAPE OUTDOOR RENOVATION, LLC

Name of Limited Liability Company

L14000129609

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:

JOSEPH D. ORT

Typed or Printed Name

MANAGER

Capacity

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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