

L15000024330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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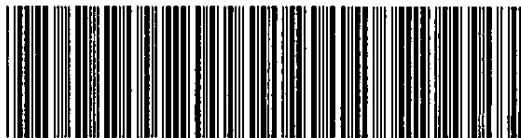
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imbe Accent Properties LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000026330

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:

Paul W Jensen
Name of Person

Imbe Accent Properties LLC
Name of Firm/Company

7423 Westwood Dr.
Address

Ellenton, FL 34222
City/State and Zip Code

Greenlightcash@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul W Jensen at (941) 981-2432
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

Wade C. Lamb, hereby resigns as
Name of Registered Agent

Registered Agent for Inbe Accent Properties LLC
Name of Limited Liability Company

L15000026330
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.

Wade C. Lamb
Signature of Resigning Agent

If signing on behalf of an entity:

Wade C. Lamb
Typed or Printed Name
resigning registered agent
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

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