

L15000028883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

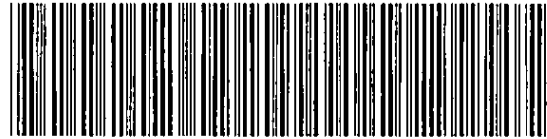
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000434158920

RECEIVED FILED
2024 OCT 18 PM 1:55 2024 OCT 18 AM 10:21
CLERK OF STATE
TALLAHASSEE, FLORIDA
CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/18/2024

NAME: RISK ASSURANCE PARTNERS WARRANTY HOLDINGS LLC

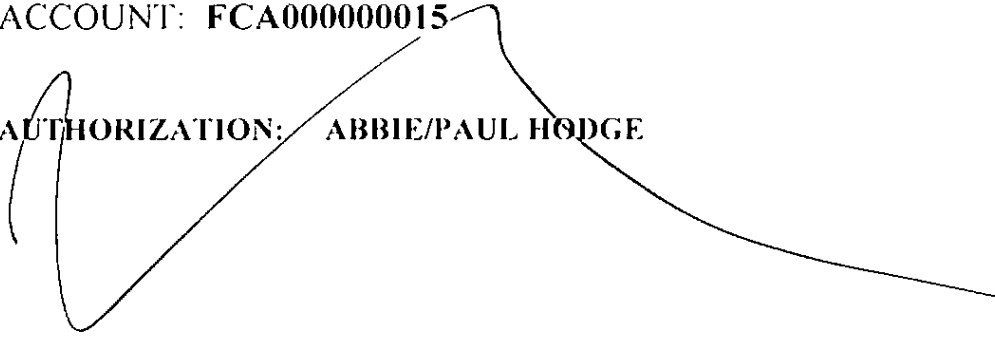
TYPE OF FILING: RESIGNATION OF RA

COST: 85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BROAD AND CASSELL

_____, hereby resigns as
Name of Registered Agent

Registered Agent for RISK ASSURANCE PARTNERS WARRANTY HOLDINGS LLC

Name of Limited Liability Company

L15000028883

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.

Janice Chasey

Signature of Resigning Agent

If signing on behalf of an entity:

Janice Chasey

Typed or Printed Name

Vice President

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
2024 OCT 18 AM 10:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA