L15000139317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity) State Light Horic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•





800336638188

11/12/19--01017--003 #+25.00



fEC 1 1 2010

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Structured Home Buyers, LLC	
Name of Limi	ted Liability Company
DOCUMENT NUMBER: L15000139317	
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report r	notification)
For further information concerning this matter, p	lease call:
Kasandra Lund	1 800 773-0888 x3951 (Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn limited

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 provisio	ons of section 605.0115. Florida Statutes, the	undersigned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for S	Structured Home Buyers, LLC	
	Name of Limited Liability Company	 •
L15000139317		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liab	oility company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day Signature of Resigning A	vafter the date on which this statement is filed
If signing on behalf of a	an entity:	20 TAC
Cheyenne Moseley		
Typed or Printed Name		on Agents, Inc.
	Asst. Secretary for United States Corporation Agents, Inc.	
	Capacity FILING FEES: \$ 85.00 Active limited liabil	ORIDA S

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