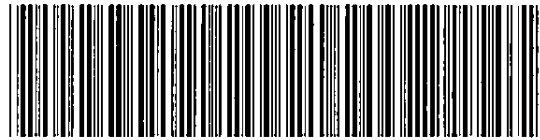


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGENTS CHOICE REALTY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000160353

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:

Ryan Featherstone  
Name of Person

Dunlap Moran  
Name of Firm/Company

22 S. Links Ave., Suite 300  
Address

Sarasota, FL 34236  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan Featherstone at (941) 366-0115  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Joanne M. Owens

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for AGENTS CHOICE REALTY, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L15000160353

\_\_\_\_\_  
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.

Joanne M. Owens

Joanne M. Owens (Jan 26, 2024 13:00 PST)

\_\_\_\_\_  
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

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