L16000014615

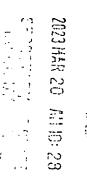
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(1)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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JUN 01 2023

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DURATEST Home I	Inspec	tion, LLC		
Name of Limi	ted Liability	Company		
DOCUMENT NUMBER: L16000014615				
The enclosed Resignation of Registered Agent for filling.	or a Limited	Liability Company and fee	are submit	ted
Please return all correspondence concerning this	matter to th	e following:		
United States Corporation Agents, Inc.				
Name of Person	 			
Legalzoom.com, Inc.				
Name of Firm/Company				
9900 Spectrum Dr.				
Address				
Austin, TX 78717				
City/State and Zip Code				
raresignations@legalzoom.com				
E-mail address: (to be used for future annual report n	otification)		20 S:	
For further information concerning this matter, p	lease call:	Ī	23 H	فالتنا
at (800	773-0888	HAR 20	
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 ely dissolved	of State for \$85.00 for an a l, voluntarily dissolved or w	ctive limite	ed imited

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 provision:	s of section 605.011	5, Florida Statutes, the unde	rsigned,	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Registered Ages	thereby resigns as		
Registered Agent for DU	RATEST Home	Inspection, LLC		- -
	Name of Line	South Season Co		·
	Name of Lim	ited Liability Company		
L16000014615				
Document Nur	ber, if known			
A copy of this resignation	was mailed to the a	bove listed limited liability	company at its last kno	own address.
The agency is terminated	and the office disco	ntinued on the 31st day after	r the date on which this	s statement is filed.
-		Signature of Resigning Agent		
If signing on behalf of an	entity:			
	Cheyenne Moseley			2023 Sm
•	Typed or Printed Name			
-	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	N 1
Capacity				College Colleg
	<u>FILING</u> \$ 85.00	Active limited liability co	empany	က တ
	\$ 25.00	Administratively dissolve withdrawn limited liabili	ed/`voluntarily dissolve	ed/

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