Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

A1A REGISTERED AGENT INC.

(((H22000244192 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:					
	Division of Corporations				
	Fax Number : (850)617-6383		i		
From:			}		
	Account Name : Ala REGISTERED AGENT INC.		į		
	Account Number : 120090000032		ļ		
	Phone : (561)792-2236 Fax Number : (561)202-8282		:		
	1 BX 1151110E1 . (301)202-8882		<i>6</i> 24		
			1 2	2022	
	**Enter the email address for this business ent:	ity to be used for	r futune .	~	
	annual report mailings. Enter only one ema	il acdoess blease	**	==	
	5, 5 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	11 000, C35 p1C03C	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Email Address:	11 000. C35 p1c03c	H.A.A.	JUL 1	-
,			misse.	19	i
))			17.5	19	- ((
) 	Email Address:		17.5	19 PA	- (
2	Email Address:	SIGNATION	17.5	19 PM 6:	- =
	Email Address:	SIGNATION LC	17.5	19 PA	- =
)))))	Email Address:	SIGNATION LC	17.5	19 PM 6:	- =
<u></u>	LLC REGISTERED AGENT RE HOMES THAT LAST I	SIGNATION	17.5	19 PM 6:	
	Email Address: LLC REGISTERED AGENT RE HOMES THAT LAST L	SIGNATION LC	17.5	19 PM 6:	. =

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 19 2022 T. LEMIEUX

422000244 923

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		
A) A REGISTERED AGENT INC		
Name of Registered Agent , hereby resigns as		
Registered Agent for HOMES THAT LAST LLC		-
Name of Linited Linking Co.		<u>_</u> :
Name of Limited Liability Company		
I.16000057872		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known	addres	s.
The agency is terminated and the office discontinued on the 31st day after the date on which this sto	nement	is filed.
If signing on behalf of an entity:		
TINA MAKI	21	
Typed or Printed Name DP	1022 JUL 19	
Capacity Or Capacity	. 19 PM	LED
### FILING FEES: \$ 85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	6: 03	
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		

INHS17 (2/14)

H22000244/1923