# L16000087891

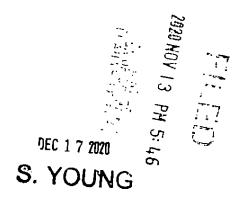
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Filing Onicer.		

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### **COVER LETTER**

SUBJECT: Adams Home Repair, LLC Name of 1	Limited Liability Company
DOCUMENT NUMBER: L16000087891	
The enclosed Resignation of Registered Ager for filing.	nt for a Limited Liability Company and fee are submitte
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	<del></del>
101 North Brand Blvd. 11th Floor	
Address	<del></del>
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matte	er, please call:
	at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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	ons of section 605.0115, Florida Statutes, the unders	signed,
United States Corporation Agents, Inc.		hereby resigns as
	Name of Registered Agent	nerely resigns as
Registered Agent for A	dams Home Repair, LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L16000087891		
Document N	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability c	ompany at its last known address.
The agency is terminate	and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement is filed.
If signing on behalf of an entity:		
	Cheyenne Moseley	PH 5:
	Typed or Printed Name	etc loc
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	<del></del>

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

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314