# 116000095012

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

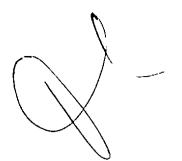
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### **COVER LETTER**

Division of Corporations			
COMPLETE RESTORATION OF CENTRAL FLORID  SUBJECT:  Name of Limited Liability			
DOCUMENT NUMBER: L16000095012			
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are	e submitt	ed
Please return all correspondence concerning this matter to the	ne following:		
Zachary Broome			
Name of Person			
Name of Firm/Company			
600 JENNINGS AVE		~2	
Address		022	
EUSTIS, FL 32726	-	2022 NUG 29 PH 12: 51	و از
City/State and Zip Code		9	4 11 1
zbroome@bowenschroth.com	·.·	P	يا يا ال
E-mail address: (to be used for future annual report notification)		. ?	•
For further information concerning this matter, please call:	1		
EUSTIS, FL 32726 352	589-1414 )		
Name of Person at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

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

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Pursuant to the provisions of section 605.	0115, Florida Statutes, the undersigned,			
Zachary Broome	hereby resigns as	i		
Name of Registered	Agent			
Registered Agent for COMPLETE RESTO	PRATION OF CENTRAL FLORIDA LLC		<del></del>	
Name of	ELimited Liability Company			
1.16000095012				
Document Number, if known				
	the above listed limited liability company at its last iscontinued on the 31st day after the date on which Signature of Resigning Agent			filed.
	Typed or Printed Name			
	,			
FILI \$ 85.0 \$ 25.0		D- olved/	2022 AUG 29 PH I2:	

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