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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMUNITY FIRST PROPERTY SOLUTIONS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16000148276

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:

RAQUEL HIRIOLA

Name of Person

N/A

Name of Firm/Company

600 THACKER AVE

Address

KISSIMMEE, FL 34741

City/State and Zip Code

N/A

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAQUEL HIRIOLA

at ( 321 ) 697-2456

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

INCorp SERVICES, INC.

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

, hereby resigns as

Registered Agent for COMMUNITY FIRST PROPERTY SOLUTIONS LLC

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

L16000148276

\_\_\_\_\_  
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.

Megan Bessey  
Signature of Resigning Agent

If signing on behalf of an entity:

Megan Bessey for InCorp Services, Inc.

\_\_\_\_\_  
Typed or Printed Name

Authorized Representative

\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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