

216000165100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

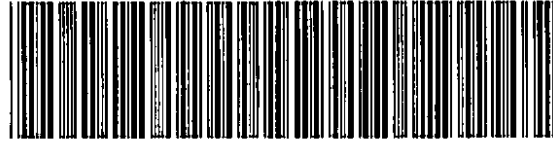
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2022 AUG 12 AM 8:26
SECTION 2
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HomeFree Property Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000168100

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:

Nidia Delgadillo
Name of Person

Veil Registered Agent, LLC
Name of Firm/Company

1187 N. 1200 W. Ste. 300
Address

Orem, UT 84057
City/State and Zip Code

renewals@veil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nidia Delgadillo at (888) 727-7387
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agents Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for HomeFree Property Solutions, LLC

Name of Limited Liability Company

L16000168100

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.

Bill Havre

Signature of Resigning Agent

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

Assistant Secretary on behalf of Registered Agents Inc.

Capacity

FILED
2007 AUG 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FL

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