

L16000171673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

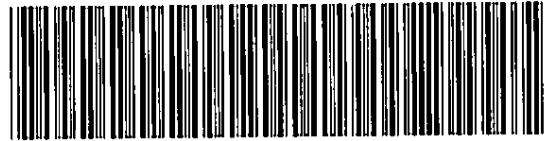
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200409455682

FILED

2023 JUN -9 PM 3:12

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2023 JUN -9 PM 2:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 6/9/2023

NAME: FROMUTH FLORIDA, LLC

TYPE OF FILING: STATEMENT OF RESIGNATION OF REGISTERED
AGENT

COST: 85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA

, hereby resigns as

Name of Registered Agent

Registered Agent for FROMUTH FLORIDA, LLC

Name of Limited Liability Company

L16000171673

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.

Janice Chasey

Signature of Resigning Agent

If signing on behalf of an entity:

Janice Chasey

Typed or Printed Name

VP of B&C Corporate Services of Central Florida, Inc.

Capacity

FILED
2023-03-09 PM 3:12
TALLAHASSEE, FL
CLERK OF STATE

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withdrawn limited liability company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