

L16000189602

(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



800320765828

11/15/18--01006--004 **25.00

2018 DEC -11 A 12:39

FILED

12/4/18 DS

DATE: 12/04/2018

TO: Dionne

FAX: 850.245.6030

FROM: Andrea Arnold

RE: REMOVAL OF REGISTERED AGENT

OF PAGES 3

2018 DEC -4 PM 4:02

2018 DEC -4 AM 10:39

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arnold's Home Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000189602

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:

Andrea Arnold

Name of Person

Name of Firm/Company

116 Mango Road NE

Address

Lake Placid, FL 33852

City/State and Zip Code

Andie_60563@yahoo.com

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

For further information concerning this matter, please call:

Andrea Arnold

Name of Person

at (239) 285.0415

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2019 DEC 11 AM 11:11
V H-001 bud
FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

UNITED STATES CORPORATION AGENTS, INC, hereby resigns as

Name of Registered Agent

Registered Agent for **Arnold's Home Solutions**

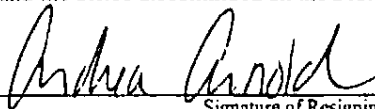
Name of Limited Liability Company

L16000189602

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

2017 DEC - 11 - 04 11:23
 FILED