

L17000031828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

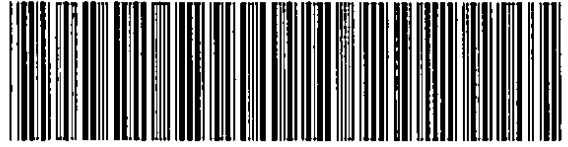
(Business Entity Name)

(Document Number)

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2022 JAN -3 PM 12:59  
SECRET  
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Celene Galvin

Name of Registered Agent

, hereby resigns as

Registered Agent for

SWFL Homes LLC

Name of Limited Liability Company

L17000031828

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.

Celene Galvin

Signature of Resigning Agent

If signing on behalf of an entity:

Celene Galvin

Typed or Printed Name

Registered Agent

Capacity

2022 JAN -3 PM 12:59

## **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withdrawn limited liability company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**