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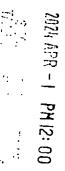
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER .

TO: Registration Section Division of Corporations

SUBJECT: Sid Potter Hon mprover	ments, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000049156	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115. Florida Statutes, the unders	gned.	
United States Corporation Agents, Inc.		nereby resigns as	
	Name of Registered Agent	receoy reorgio do	
Registered Agent for S	id Potter Home Improvements, LLC		
	Name of Limited Liability Company		
L17000049156			
Document No	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after t	he date on which this statement is t	iiled.
	Signature of Resigning Agent	2021 APR	
If signing on behalf of an entity:		<u>_</u>	(1) (1)
	Cheyenne Moseley	PH 12: 00	
	Typed or Printed Name	12:	أراسي
	Asst. Secretary for United States Corporation Agen	ts, Inc.	
	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