

L17000 Nd8600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

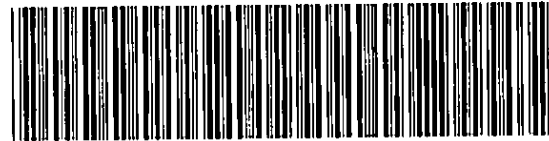
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

J. HORNE  
MAY 23 2024

Office Use Only



400427621264

FILED

2024 MAY 22 AM 10:28

RECEIVED

2024 MAY 22 PM 3:22

TALLAHASSEE, FLORIDA



CSC - Tallahassee  
CSC - 1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 05/22/24  
Order #: 1499627-1  
Re: Property Registration Champions, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$87.00 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, likely belonging to Amanda Miller, is written over the word 'AUTH' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Property Registration Champions, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000161860

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:

RESIGNATIONS DEPARTMENT

---

Name of Person

CORPORATION SERVICE COMPANY

---

Name of Firm/Company

251 LITTLE FALLS DRIVE

---

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

---

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

For further information concerning this matter, please call:

RESIGNATION DEPT \_\_\_\_\_ at ( 800 ) 927-9801  
 \_\_\_\_\_  
 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,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Property Registration Champions, LLC

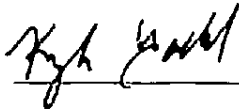
Name of Limited Liability Company

L17000161860

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:

BY KYLE TODD

Typed or Printed Name

VICE PRESIDENT

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Property Registration Champions, LLC

\_\_\_\_\_  
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**DOCUMENT NUMBER:** LI7000161860

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\_\_\_\_\_  
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WILMINGTON, DE 19808

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

For further information concerning this matter, please call:

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800

927-9801

at (

\_\_\_\_\_  
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\_\_\_\_\_)   
Area Code

\_\_\_\_\_  
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