

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARDNER BREWER MARTINEZ-MONFORT, P.A.

Account Number : I20060000058 Phone : (813)221-9600 Fax Number : (813)221-9611

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LLC REGISTERED AGENT RESIGNATION **ELEMENTS RESTORATION TEXAS, LLC**

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Elements Restoration Texas, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L17000183997	· -
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	e following:
Christopher W. Brewer	
Name of Person	
Gardner Brewer Martinez-Monfort, P.A.	
Name of Firm/Company	
400 North Ashley Drive, Suite 1100	
Address	
Tampa, FL 33602	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christopher W. Brewer at (221-9600 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the und	ersigned,	
Christopher W. Brewer		_, hereby resigns as	
Name of Registered Age			
Registered Agent for Elements Restoration To	xas, LLC		
Name of Lin	nited Liability Company		,
L17000183997			
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 disco	Signature of Resigning Agent	er the date on which	this statement is filed.
1	Typed or Printed Name		
	Capacity		
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	ed voluntarily dissi	21 JUL 18
Make checks payat	ble to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:	FILED 22 AM IO: 31 3 SEATURES 3 SEE: FLORES