

L17000184547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

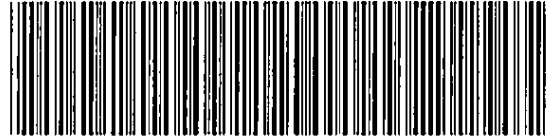
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Ra Resignation*

FEB 13 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RENOVATION PROPERTIES LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000184547

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:

Jeffrey Ricard

\_\_\_\_\_  
Name of Person

Renovation Properties LLC

\_\_\_\_\_  
Name of Firm/Company

1514 Clearlake Road #28

\_\_\_\_\_  
Address

Cocoa, FL 32926

\_\_\_\_\_  
City/State and Zip Code

jeffreycard72035@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Ricard

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2024 JAN 30 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Erik P. Shuman \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Rentovation Properties LLC

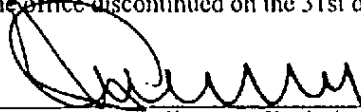
\_\_\_\_\_  
Name of Limited Liability Company

L17000184547

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

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Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314