

L17000254160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

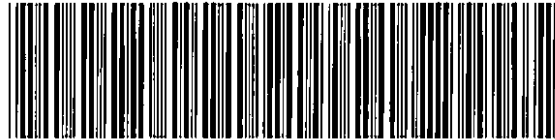
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20 FEB 25 PM 1:14

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## COVER LETTER

20 FEB 25 PM 1:14  
FACILITY

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REMYFORD RESTORATION SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000254160

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:

JEREMY NEEL

Name of Person

LEENDORF MAJOR HOLDING COMPANY, LLC

Name of Firm/Company

7940 FRONT BEACH ROAD PMB 185

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip Code

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

For further information concerning this matter, please call:

JEREMY NEEL

Name of Person

at ( 877 ) 307-3088

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

20 FEB 25 PM 1:14

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

HAND ARENDALL HARRISON SALE, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for REMYFORD RESTORATION SERVICES, LLC

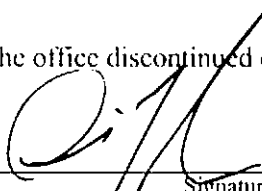
Name of Limited Liability Company

L17000254160

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:

DION J. MONIZ

Typed or Printed Name

PARTNER, HAND ARENDALL HARRISON SALE, LLC

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