

L180000159789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

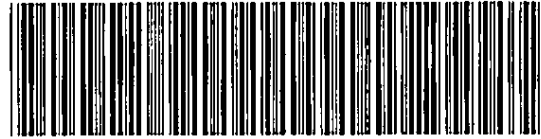
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

W. GULKER
NOV 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxury Kitchen Cabinets & Countertops, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000159789

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:

Mariceli Segarra

Name of Person

JPR Accounting

Name of Firm/Company

2751 Enterprise Rd. STE 209B

Address

Orange City, FL 32763

City/State and Zip Code

jpr-ocfl@icloud.com

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

For further information concerning this matter, please call:

Mariceli Segarra

Name of Person

at (386) 216-4936

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Mariceli Segarra

Name of Registered Agent

, hereby resigns as

Registered Agent for Luxury Kitchen cabinets & Countertops, LLC

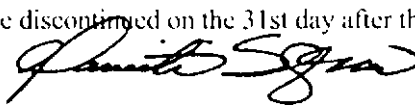
Name of Limited Liability Company

L18000159789

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:

Mariceli Segarra

Typed or Printed Name

owner

Capacity

FILED
2018 MAR 28 PM 3:23
TALLAHASSEE, FL
CLERK OF STATE

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