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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PROMINENT HOME IMPROVEMENT LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000234240
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kasandra Lund at (1 800) 773-0888 x3951
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\$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as
Registered Agent for	PROMINENT HOME IMPROVEMENT LLC	
	Name of Limited Liability Company	<u> </u>
L18000234240		
Document	Number, if known	
A copy of this resigna	ition was mailed to the above listed limited liability co	impany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after the d	ate on which this statement is filed.
	gnature of Resigning Agent	
If signing on behalf of an entity:		YING YING
	Cheyenne Moseley	1 28 1 28
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents	Inc.
	Capacity	G 28 PM 6: 08 ASSICE FLORIDA

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

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