

L18000260681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

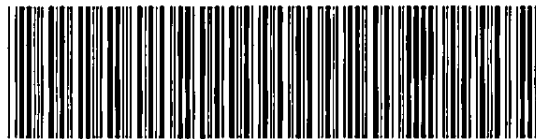
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLW Home Improvement, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000260681

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:

BARBARA WOOD
Name of Person

N/A
Name of Firm/Company

2913 PAR RD
Address

SEBRING, FL 33872
City/State and Zip Code

jameswood062@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WOOD at (863) 633 9203
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

BARBARA WOOD

Name of Registered Agent

, hereby resigns as

Registered Agent for BLW Home Improvement LLC

Name of Limited Liability Company

L18000260681

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.

Barbara L Wood

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2024 MAR 15 AM 9:06

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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