

L19000113766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

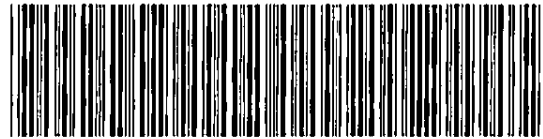
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TALLAHASSEE, FL 32399-0001

2024 APR -5 AM 6:46

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCAL PROPERTY SOLUTIONS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000113766

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:

CRISEYDA HILL

Name of Person

LOCAL PROPERTY SOLUTIONS LLC

Name of Firm/Company

178 DATE PALM LN

Address

FREEPORT FL 32439

City/State and Zip Code

CRISPONCE03@GMAIL.COM

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

For further information concerning this matter, please call:

CRISEYDA HILL

Name of Person

850 8303996

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

CRISEYDA HILL

Name of Registered Agent

, hereby resigns as

Registered Agent for LOCAL PROPERTY SOLUTIONS

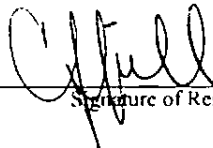
Name of Limited Liability Company

L19000113766

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:

CRISEYDA HILL

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
2024 APR -5 AM 6:46
SECRET
TALLAHASSEE, 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


Statement of fact.

I Criseyda Hill am removing myself from Local Property Solutions LLC and Document No. L19000113788 with the Amendment form that is enclosed. As of 3/29/2024 I am no longer associated with this business now or in the future.


Criseyda Hill

STATE OF FLORIDA, COUNTY OF WALTON

ACKNOWLEDGED / SUBSCRIBED AND SWORN TO BEFORE ME
THIS 29 DAY OF March 2024



NOTARY PUBLIC

