

L19000145568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

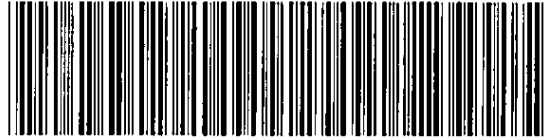
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Um.115

Office Use Only



500416924895

10/16/23--01020--025 **95.00

2023 OCT 16 PM 3:44
STC 1
FILED

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nanny's Property, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000145568

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:

Carolyn Lucas

Name of Person

M3C Properties, LLC

Name of Firm/Company

P. O. BOX 622101

Address

Orlando FL 32862-2101

City/State and Zip Code

mlucas8142@aol.com

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

For further information concerning this matter, please call:

Carolyn Lucas

Name of Person

at (407) 437-7288

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Marilyn Lucas

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Carolyn Lucas

Change Name from Nanny's Property LLC to Carolyn Lucas

Name of Limited Liability Company

L1900045568

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.

Marilyn Lucas
Signature of Resigning Agent

If signing on behalf of an entity:

Marilyn Lucas

Typed or Printed Name

Owner, Manager

Capacity

FILED
2023 OCT 16 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

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