

L19 000 149 603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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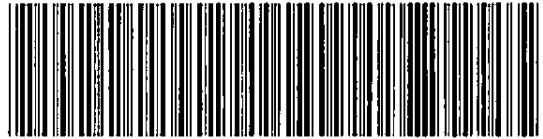
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2024 MAR -4 PM 4:50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renew Property Services LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 619000149603

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:

Maria Goodman
Name of Person

Name of Firm/Company

4955 SE 34th Ct
Address

Ocala FL 34480
City/State and Zip Code

ruano.maria@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Goodman at (352) 359-6228
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2024 MAR -6 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FL

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

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

Marla Goodman, hereby resigns as
Name of Registered Agent

Registered Agent for Renew Property Services LLC
Name of Limited Liability Company

L19000149603
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.

Marla Goodman
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEES:

~~\$ 85.00~~
\$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

OK #9018

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314