L19000174866

(Reque	stor's Name)	- '
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	
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2/14/2023

COVER LETTER

TO: Registration Section Division of Corporations

FOREVER VACATION HOMES LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000174866	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Legaline Corporate Services, INC.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	FOREVER VACATION HOMES LLC		
<u> </u>	Name of Limited Liability Company		,
L19000174866			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited lial	bility company at its last known	address.
The agency is termina	ated and the office discontinued on the 31st day	y after the date on which this sta	tement is file
	MINO ON CHOROLOGICAL Signature of Resigning A)MQM	
If signing on behalf o	f an entity:	TAL SECH	7072 NOV 15
	Chelsea Chapman	; r	
	Typed or Printed Name		— ,. Л ;
	On Behalf of Legaline Corporate Services, IN	NC.	·
	Capacity	En :	
		FLE	
	FILING FEES: © \$ 85.00 Active limited liabil O \$ 25.00 Administratively diswithdrawn limited	lity company ssolved/ voluntarily dissolved/ 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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