

# L19000280148

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.  
Account Number : I20000000155  
Phone : (561)620-0656  
Fax Number : (561)620-0657

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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## LLC REGISTERED AGENT RESIGNATION FREEDOM PUBLIC ADJUSTERS, LLC

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**H23000332147 3****COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FREEDOM PUBLIC ADJUSTERS, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000280148

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:

DAVID S. TOBIN, ESQ.

Name of Person

TOBIN, REYES, ALVAREZ & DE BIASE, PLLC

Name of Firm/Company

225 N.E. MIZNER BOULEVARD, SUITE 510

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID S. TOBIN, ESQ.

at ( 561 ) 620-0656

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

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

TOBIN, REYES, ALVAREZ &amp; DE BLASE, PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for FREEDOM PUBLIC ADJUSTERS, LLC

Name of Limited Liability Company

L19000280148

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:

DAVID S. TOBIN, ESQ.

Typed or Printed Name

MANAGER

Capacity

**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

INHS17 (2/14)

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