# L20000115430

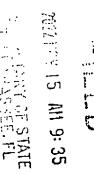
(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Coomoo Link, Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700397726977

11/15/22--01037--001 \*\*5800.00



#### **COVER LETTER**

SUBJECT: FLORIDA HOME SE			
	Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L200	000115430		
The enclosed Resignation of Refor filing.	gistered Agent f	or a Limited	d Liability Company and fee are submitted
Please return all correspondence	e concerning this	matter to th	ne following:
Chelsea Chapman			
Name of I	Person		
Legaline Corporate Services, INC.			
Name of Firm	/Company		
10601 Clarence Dr Ste 250			
Addre	ss		
Frisco, TX 75033-3867			
City/State and	Zip Code		
ra@legalinc.com			
E-mail address: (to be used for fi	iture annual report r	iotification)	
For further information concern	ing this matter, p	lease call:	
Chelsea Chapman	at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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. Monroc Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0	1115, Florida Statutes, the ur	ndersigned.		
Legaline Corporate Services, INC.  Name of Registered Agent		, hereby resigns as		
Name of	Limited Liability Company	<del>.</del>		
L20000115430				
Document Number, if known	<del></del>			
A copy of this resignation was mailed to the	e above listed limited liabil	lity company at its last known address.		
	Signature of Resigning Age	after the date on which this statement is filed.		
If signing on behalf of an entity:				
Chelsea Chapman		20		
Typed or Printed Name				
On Behalf of Lega	On Behalf of Legaline Corporate Services, INC.			
<b>O</b> \$ 85.00	Capacity  G FEES:  Active limited liability	y company olved/ voluntarily dissolved/		
⊙ \$ 25.00	Active timited hability  Administratively disso withdrawn limited hal	y company olved/ voluntarily dissolved/ 그룹 생 bility company		

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