

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 : BEGGS & LANE
Account Number : 170020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

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

Email Address: KEANEROGERS@NOCAPHOLDINGSLLC.COM

LLC REGISTERED AGENT RESIGNATION RESTING EYES REAL ESTATE, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP -8 PM 3:14

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SEP 11 2023
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTING EYES REAL ESTATE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.20000137841

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:

ROBERT L. JONES, III, ESQ.

Name of Person

Name of Firm/Company

501 COMMENDENCIA STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

KEANEROGERS@NOCAPHOLDINGSLLC.COM

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

For further information concerning this matter, please call:

ROBERT L. JONES, III, ESQ.

at (850) 432-2451

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

DNHS17 (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,

ROBERT L. JONES, III

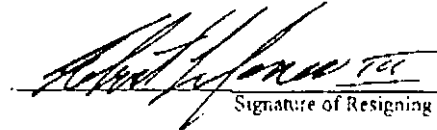
Name of Registered Agent

, hereby resigns as

Registered Agent for RESTING EYES REAL ESTATE, LLC_____
Name of Limited Liability CompanyL20000137841_____
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:

Typed or Printed Name_____
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

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