L20000151088

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Home Solutions Real Esta	
Name of Limited Liability	Company Company
DOCUMENT NUMBER: L20000151088	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
at (at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a clieck 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	dersigned.
United States Corp	poration Agents, Inc.	_ , hereby resigns as
	Name of Registered Agent	, Hereby resigns as
Registered Agent for _	Home Solutions Real Estate, LLC	
.	Name of Limited Liability Company	,
L20000151088		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liabilit	v company at its last known address
	Signature of Resigning Agent	
lf signing on behalf of a	un entity:	2023 OCT 31
	Cheyenne Moseley	<u> </u>
	Typed or Printed Name	<u> </u>
	Asst. Secretary for United States Corporation A	Agents, Inc.
	Capacity	· · · · · · · · · · · · · · · · · · ·
	FILING FEES: \$ 85.00 Active limited liability of S 25.00 Administratively dissolved withdrawn limited liability.	company ved/ voluntarily dissolved/ ility company

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