

120 000 158 689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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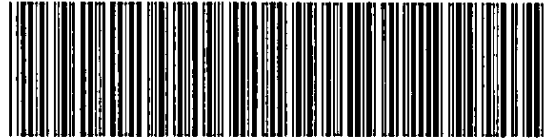
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tarragon Terraces, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000158689

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:

Brandy O'Dell

Name of Person

KKOS Lawyers

Name of Firm/Company

1883 W Royal Hunte Drive, Suite 200

Address

Cedar City, UT 84720

City/State and Zip Code

mdenis7901@gmail.com

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

For further information concerning this matter, please call:

Brandy O'Dell

435

586-9366

at (

_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Registered Agent Services, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Tarragon Terraces, LLC _____

Name of Limited Liability Company

L20000158689 _____

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:

Adam Saldana _____

Typed or Printed Name

Asst. Secretary _____

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

FILED
2022 JUN 21 AM 10:05
TALLAHASSEE, FLORIDA