# 120000166797

(Requestor's Name)
(Address)
Odda-N
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENMIS
AUG 2 C 2023
1000

Office Use Only



600413519606

08/08/23--01009--010 \*\*25.00

2023 AUG -8 PM 1: 18 1

SECRETARY OF STATE

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: RightWay Renovations and	Remodeling LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000166797	<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
800 at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provision	s of section 605.0115	, Florida Statutes, the unde	rsigned,		
United States Corporation Agents, Inc.		c.	, hereby resigns as		
	Name of Registered Agen	(	, ,		
Registered Agent for Richard	ghtWay Renovati	ons and Remodeling L	.LC		
	Name of Limi	ted Liability Company			
L20000166797					
Document Nur	nber, if known	<del></del>			
A copy of this resignation	n was mailed to the a	bove listed limited liability	company at its last known ad	ldress.	
The agency is terminated	and the office discor	ntinued on the 31st day afte	r the date on which this stater	ment is filed.	
		0118			
		Signature of Resigning Agent	<del></del>		
If signing on behalf of ar	n entity:				
	Cheyenne Mose	ley			
	T	yped or Printed Name			
	Asst. Secretary for U	Inited States Corporation Aq	gents, Inc.	202	2
		Capacity		2023 AUG -8	
	FILING \$ 85.00 \$ 25.00	Active limited liability c	ed/voluntarily dissolved/	-8 PM 1:18	EO

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