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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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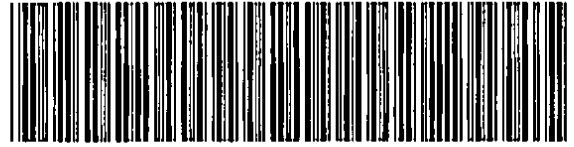
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lovables Childcare LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000173961

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:

Sharon Thomas

Name of Person

1012 Pine Hills Rd

Name of Firm/Company

Address

Orlando, FL 32808

City/State and Zip Code

anthonyfulse@aol.com

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

For further information concerning this matter, please call:

Sharon Thomas

407

953-5405

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Mobile Financial Services LLC

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Lovables Childcare LLC

\_\_\_\_\_  
Name of Limited Liability Company

L20000173961

\_\_\_\_\_  
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.

Yvette Anderson  
Signature of Resigning Agent

If signing on behalf of an entity:

Mobile Financial Services LLC  
Typed or Printed Name

Owner  
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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