

L20 000223354

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR BLINDS DEPOT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20009223354

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:

Nicolas Quinones

Name of Person

Your Blinds Depot, LLC

Name of Firm/Company

7658 Taormina Way

Address

Clermont, FL 34714

City/State and Zip Code

dennisg72@yahoo.com

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

For further information concerning this matter, please call:

Nicolas Quinones

Name of Person

at (407) 837-6951

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

, hereby resigns as

Name of Registered Agent

Registered Agent for YOUR BLINDS DEPOT LLC

Name of Limited Liability Company

L20000223354

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:

ARIANNA CARRINGTON-HOOKER

Typed or Printed Name

PRESIDENT

Capacity

FILED
2023 JUN -6 AM 8:59
TALLAHASSEE, FL
STATE

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withdrawn limited liability company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