

L20000249924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

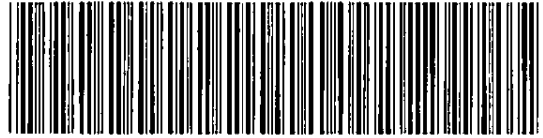
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

Name of Limited Liability Company

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Name of Person

Name of Firm/Company

Address

City/State and Zip Code

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

Name of Person

800

773-0888

Area Code

Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
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