

**L20000293285**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : 120100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
FLORA, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

5

H23000331149 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORA, LLC

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

**DOCUMENT NUMBER:** L20000293285

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:

Mary Castillo

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Name of Firm/Company

Corporate Center One, 5301 Southwest Parkway, Suite 400

\_\_\_\_\_  
Address

Austin, Texas 78735

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo

\_\_\_\_\_  
Name of Person

at ( 888 )

Area Code

705-7274

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H23000331149 3

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

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

CORP2000, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for FLORA, LLC

Name of Limited Liability Company

L20000293285

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.

*Jennifer McLaughlin*  
Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer McLaughlin

Typed or Printed Name

Assistant Secretary of CORP2000, INC.

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