Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000261054 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORWARD LAW FIRM, P.A.

Account Number : 120090000062 : (407)621-4200 Fax Number : (407)621-4210

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

Email Address	· · · · · · · · · · · · · · · · · · ·	tions@forwardla	ufica com	
email Address	compora	TIONSMIDEWALDLA	WITEM COM	

LLC REGISTERED AGENT RESIGNATION HOME UP SERVICE LLC

Certificate of Status	l
Certified Copy	0
Page Count	01
Estimated Charge	\$90.00

K. SALY

AUG - 6 2024

Electronic Filing Menu Corporate Filing Menu

Help

To

(((H24000261054 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

- ASSURED COMPLIAN	CE SERVICES, LLC		
	Name of Registered Agent	, hereby resigns as	
Ţ.	, ,	F3	_
Registered Agent for	OME UP SERVICE LLC	ي جي المحادث	<u> </u>
	Name of Limited Liability Com	puny ,	2
		ري. دري:	
1.20000378137			
Document N	unber, if known	- Se	16-2 TH 11-08
			9
A copy of this resignati	on was mailed to the above listed limi	ted liability company at its last known address;	
The agency is terminate	d and the office discontinued on the 3	1st day after the date on which this statement is	filed
	a tille tile tillet ellettillinee till tile s	180 day after the date off which this statement is	THE C.
2 ,		·	mea.
	Jak V. Caldi-	·	med.
			med.
- '	Signature of Resi		med.
- '	Signature of Resi		med.
- '	Signature of Resi		med.
- '	Signature of Resi	gning Agent	med.
- '	Signature of Resi n entity: PHILIP K. CALANDRINO	gning Agent	med.
- '	Signature of Resion entity: PHILIP K. CALANDRINO Typed or Printed Nar	gning Agent	med.
- '	Signature of Resi n entity: PHILIP K. CALANDRINO Typed or Printed Nat Manager	gning Agent	med.
- '	Signature of Resi n entity: PHILIP K. CALANDRINO Typed or Printed Nat Manager	gning Agent	inco.
If signing on behalf of a	Signature of Resi n entity: PHILIP K, CALANDRINO Typed or Printed Nar Manager Capacity FILING FEES:	gning Agent	inco.
- '	Signature of Resi n entity: PHILIP K, CALANDRINO Typed or Printed Nar Manager Capacity FILING FEES:	gning Agent	inco.

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

INHS17 (2/14)