# L21000031570

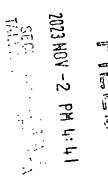
(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: O & G Renovations LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L21000031570	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the u	ndersigned,			
Name of Registered Agent		hereby resigns as	_ , hereby resigns as		
Registered Agent for	& G Renovations LLC				
	Name of Limited Liability Company				
L21000031570					
Document N	umber, if known				
A copy of this resignation	on was mailed to the above listed limited liabil	lity company at its last	known ad	ldress.	
The agency is terminate	d and the office discontinued on the 31st day a	after the date on which	this states	ment is	filed.
	all				
	Signature of Resigning Age	n1	Sin	207	
If signing on behalf of a	in entity;			2023 NOV	
Cheyenne Moseley			; ·	- A9	- C U
	Typed or Printed Name			2	
	Asst. Secretary for United States Corporation Agents, Inc.		·a	<del></del> 6	
	Capacity			14:41	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited lia	y company olved/ voluntarily disso bility company	olved/		

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