

L21 060657138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

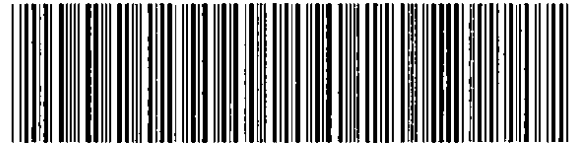
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500412942605

07/28/23--01017--019 \*\*25.00

**FILED**  
2023 JUL 28 AM 11:23  
CLERK OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESTATE PARTNERS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 121000057138

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:

RENGIFO, DAVID

Name of Person

ESTATE PARTNERS LLC

Name of Firm/Company

2822 GYPSY ST

Address

SARASOTA, FL 34231

City/State and Zip Code

rengifodavids0@hotmail.com

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

For further information concerning this matter, please call:

DAVID RENGIFO

Name of Person

at

619

Area Code

402-4817

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

FILED  
2023 JUL 28 AM 11:23  
CLERK OF THE FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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

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

HICKS, JASON VAN LUYK,

, hereby resigns as

Name of Registered Agent

Registered Agent for ESTATE PARTNERS LLC

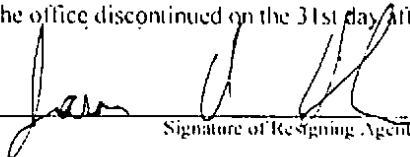
Name of Limited Liability Company

121000057138

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:

Typed or Printed Name

Capacity

**FILED**  
2023 JUL 28 AM 11:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

### 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