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.

(((H24000014069 3)))



H240000140693ABC-

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 : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

**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 RESIGNATION L&S PROPERTIES CO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

œ.

T. LEMIEUX

JAN 1 1 2024

(((H24000014069 3)))

COVER LETTER

SUBJ	ECT: L & S PROPERTIES CO. LLC	
	Name of Limited Liab	lity Company
DOC	UMENT NUMBER: L21000082721	
The er for fili	nclosed Resignation of Registered Agent for a Liming.	ited Liability Company and fee are submitted
Please	return all correspondence concerning this matter t	o the following:
LINDY	/ BRIGLIA	
	Name of Person	_
DEAN.	, MEAD, MINTON & MOORE	
	Name of Firm/Company	
1903 S.	. 25TH ST., STE 200	
	Address	_
FORT	PIERCE, FL 34947	
	City/State and Zip Code	_
FPANN	NUALREPORT@DEANMEAD.COM	
E-	mail address: (to be used for future annual report notification	n)
For fur	rther information concerning this matter, please ca	II:
LINDY	BRIGLIA 772	464-7700
	Name of Person Area Co	de Daytime Telephone Number

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)

(((H24000014069 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, the undersig	gned.	
DEAN MEAD SERVICES, LLC	. h	ereby resigns as	
Name of Registered /	igent		
Registered Agent for L&S PROPERTIES	CO, I.I.C		
Name of I	imited Liability Company		*
1.21000082721			
Document Number, if known			
A copy of this resignation was mailed to th	e ahove listed limited liability cor	npany at its last known a	ddress.
BY: DEAN, MEAD, Which is a signing on behalf of an entity: DANA M. APFEL	Signature Resigning Agent		OLE MEMBER
	Typed or Printed Name	·	
VICE PRESIDEN	••	.,,	
	Capacity		
F11.1N \$ 85.00 \$ 25.00	G FEES: Active limited liability comp Administratively dissolved withdrawn limited liability of	voluntarily dissolved.	7. A 8: 32
Make checks pay	able to Florida Department of Sta Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	te and mail to:	