L21000 108255

(Requestor's Name)			
(Āddress)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





000439320520

11/13/24--01012--020 **25.00

FILED
2024 NOV 13 PM 2: 30
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Emman F LLC		
Name of L	imited Liability	Company
DOCUMENT NUMBER: 1.21000108255		
The enclosed Resignation of Registered Agen for filing.	t for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning the	his matter to th	ne following:
Cory Betts		
Name of Person		
ZenBusiness Inc.		
Name of Firm/Company		
336 E. College Ave. Suite 301		
Address		
Tallahassee, FL 32301		
City/State and Zip Code		
ra@zenbusiness.com		
E-mail address: (to be used for future annual repo	ert notification)	
For further information concerning this matter	r, please call:	
Cory Betts	844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuam to the prov	risions of section 605.0115, Florida S	statutes, the undersigned,			
Registered Agents Inc.		, hereby resigns as	, hereby resigns as		
	Name of Registered Agent				
Registered Agent fo	r Emman F LLC		<u></u>		
	Name of Limited Liability	· Company	·		
1.21000108255					
Docume	nt Number, if known				
A copy of this resig	nation was mailed to the above listed	I limited liability company at its last known	address.		
The agency is termi	nated and the office discontinued on	the 31st day after the date on which this state	tement is f	filed.	
	David Coert	if Resigning Agent			
If signing on behalf	of an entity:		~2		
	Registered Agents Inc. by David	Roberts	2024 NOV 13	T;	
	Typed or Print	ed Name	AO	1 }	
	Assistant Secretary		<u></u>	1	
	Capacity	ក្រាក ស្រាក	70	T	
	FILING FEES: \$ 85.00 Active li \$ 25.00 Adminis	Roberts ed Name MIASSEE FLORIDA mited liability company tratively dissolved/ wn limited liability company	рн 2: 30		

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