8/2/24, 208 PM Division of Corporations

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> > (((H24000261055 3)))



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From:

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Account Number : I20090000062

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Phone

Fax Number

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Address: \_\_\_\_corporations@forwardlawfirm.com\_

## LLC REGISTERED AGENT RESIGNATION HOME UP PROTECTION, LLC

| Certificate of Status | 1       |
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08/02/2024 3:36 PM Fax: 14076214210 Fax. (850) 617-6383 Page: 3 of 3 to: From: Rohecca Wilbur

(((H240002610553)))

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

| Pursuant to the provision  | s of section 605.0115, Florida Statutes, t | he undersigned.                 |                         |
|----------------------------|--------------------------------------------|---------------------------------|-------------------------|
| ASSURED COMPLIANC          | E SERVICES, LLC                            | , hereby resigns as             | 30 多 1                  |
|                            | Name of Registered Agent                   |                                 | 艺艺艺艺                    |
| Registered Agent for HO    | ME UP PROTECTION, LLC                      |                                 | 200                     |
| ·                          | Name of Limited Liability Company          |                                 | 王                       |
|                            | Name of Limited Liability Company          |                                 | المجارية                |
| 1.21000112600              |                                            |                                 | 08                      |
| Document Nur               | nber, if known                             |                                 |                         |
| A copy of this resignation | n was mailed to the above listed limited   | liability company at its last k | nown address.           |
| The agency is terminated   | and the office discontinued on the 31st    | day after the date on which th  | nis statement is filed. |
|                            | Pal V. Celli                               |                                 |                         |
|                            | Signature of Resigning                     | g Agent                         |                         |
| If signing on behalf of an | entity:                                    |                                 |                         |
|                            | PHILIP K, CALANDRINO                       |                                 |                         |
|                            | Typed or Printed Name                      |                                 |                         |
|                            | Manager                                    |                                 |                         |
|                            | Capacity                                   |                                 |                         |

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 Tallahussee, FL 32314

INHS17 (2/14)