

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
MONOGRAM WINDOWS AND DOORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$115.00

RECEIVED

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Corporate Filing Menu

Help

SEP 13 2023

K. Brumley

H23000321005

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

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

Marta Nobo

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Monogram Windows and Doors, LLC

Name of Limited Liability Company

L21000134688

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.

Marta Nobo

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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
Tallahassee, FL 32314

INHS17 (2/14)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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