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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

annual report mailings. Enter only one email address please.**

Email Address: corporate@zkslawfirm.com

LLC REGISTERED AGENT RESIGNATION E DESOTO CLERMONT LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$85.00

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COVER LETTER

SUBJECT: E DESOTO CLERMONT LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L21000314520
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:
D. Scott Baker
Name of Person
Zimmerman Kiser & Sutcliffe
Name of Firm/Company
315 E. Robinson Street, Suite 600
Address
Orlando, FL 32801
City/State and Zip Code
corporate@zkslawfirm.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eileen Soto at (407) 425-7010 Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

Pursuant to the provisions	of section 605.011	5, Florida Statutes, the	undersigned,			
D. SCOTT BAKER, ESQ.			, hereby resigns	, hereby resigns as		
N	lame of Registered Age	ent	,, ,			
Registered Agent for E	DESOTO CLERM	MONT LLC				
	Name of Lin	nited Liability Company				
L21000314520						
Document Num	ber, if known					
A copy of this resignation	was mailed to the	above listed limited ligh	oility company at its la	ast known a	address.	
.,						
The agency is terminated a	and the office disco	ontinued on the 31st day	after the date on whi	ch this state	ement is fil	
	\mathcal{D}_{i}	South Baken				
_		Signature of Resigning A	gent			
If signing on behalf of an	entity:		**************************************	2023 F.F. V	304	
					י י	
	ı	Typed or Printed Name				
		Capacity		2	, <u> </u>	
		Sup acting		· A	· (-	
				ः झ		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabili	ity company solved/voluntarily d	£ .)	
	\$ 25.00	withdrawn limited l	iability company			

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