421 000317053

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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08/01/22--01006--020 **85.00





COVER LETTER

Division of Corporations		
SUBJECT: M&M Renovations by Lofty LLC Name of Limited Liability		
	Company	-
DOCUMENT NUMBER: L21000317053		_
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee a	re submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	•	
9900 Spectrum Dr.		202,
Address	•	[:: 1 2022 AUG
Austin, TX 78717	<u>-</u>	G
City/State and Zip Code		- : I
raresignations@legalzoom.com	:	G-1 AM 8: 30
E-mail address: (to be used for future annual report notification)	•	30
For further information concerning this matter, please call:		
Name of Person at (Area Code	773-0888	
Name of Person Area Code	Daytime Telephone Number	_
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	at of State for \$85.00 for an acid, voluntarily dissolved or wi	tive limited thdrawn limited

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the undersi	gned.	
Name of Registered Agent		nereby resigns as	
		iered, reargine no	
Registered Agent for _	M&M Renovations by Lofty LLC		-
	Name of Limited Liability Company		_•
L21000317053			
Document 3	Number, if known		
A copy of this resignar	tion was mailed to the above listed limited liability ed	ompany at its last known address	•
The agency is termina	ted and the office discontinued on the 31st day after t	he date on which this statement	is filed.
	Signature of Resigning Agent	2022 AUG - 1	
If signing on behalf of an entity:		· -	-
Cheyenne Moseley		nts, Inc.	
	Typed or Printed Name		ຸ ນ
	Asst. Secretary for United States Corporation Age	nts, Inc.	Š
	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