7/27/23, 11:06 AM

Division of Corporations



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(((H23000261657 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LID.

Account Number : 120050000052 Phone : (850)556-7956 Fax Number : (850)656-7953

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 HOLLYWOOD PREMIUM PAINTING LLC

Certificate of Status	0
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MIG 23 2023 K. Brumbley

H23000261657 3 COVER LETTER

TO: Registration Section Division of Corporations

Name of Person	`Area Code	Daytime Telephone Number
Westley Look	302 _at (531-0703
For further information concerning this matter	er, please call:	
B-mail address: (to be used for future annual rep	port notification)	-
wlook@incserv.com		
City/State and Zip Code		_
Dover, DE 19901		_
Address		
3500 S DuPont Highway		-
Name of Firm/Company		-
Incorporating Services, Ltd.		
Name of Person		-
Westley Look		
Please return all correspondence concerning	this matter to t	he following:
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	I Liability Company and fee are submitted
DOCUMENT NUMBER: L21000355297		
	Limited Liability	· Company
SUBJECT: HOLLYWOOD PREMIUM PA	INTING LLC	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the undersigned	•
Incorporating Services, Ltd.	herels	y resigns as
Name of Registered A	Name of Registered Agent	
Registered Agent for HOLLYWOOD PI	REMIUM PAINTING LLC	
Name of L	imited Liability Company	
L21000355297		
Document Number, if known		
A copy of this resignation was mailed to the	above listed limited liability compar	ny at its last known address.
The agency is terminated and the office dist		. =
If signing on behalf of an entity:		202
Amanda Archambault		APPRO AN FIL 2023 AUG 23 134 135 14 134 138 15 14 138 15 1
Typed or Printed Name		
Assistant Secretary		
FILIN	Capacity G FEES:	PH 7: 31
\$ 85.00 \$ 25.00	Active limited liability company	; intarily dissolved/

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

withdrawn fimited liability company