

L21000373394
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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2024 JUN 24 AM 11:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

24 JUN 24 PM 4:14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**LLC REGISTERED AGENT RESIGNATION
709 PINEVILLE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

M. SOLOMON
JUN 25 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 709 PINEVILLE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000373394

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:

Jessica Wittry
Name of Person

Registered Agent Solutions, Inc.
Name of Firm/Company

Corporate Center One, 5301 Southwest Parkway, Suite 400
Address

Austin, Texas 78735
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Wittry at (888) 705-7274
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 24 PM 4:14

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BLUMBERGEXECELISOR CORPORATE SERVICES, INC, hereby resigns as

Name of Registered Agent

Registered Agent for **709 PINEVILLE LLC**

Name of Limited Liability Company

L21000373394

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.

Mary Brooks

Signature of Resigning Agent

If signing on behalf of an entity:

Mary Brooks

Typed or Printed Name

Assistant Secretary, BLUMBERGEXECELISOR CORPORATE SERVICES, INC

Capacity

FILED
STATE DEPARTMENT OF STATE
CORPORATION DIVISIONS
24 JUN 24 PM 4:14

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