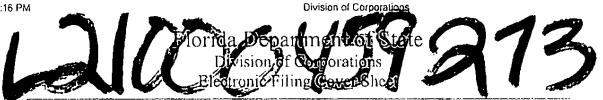
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(((H23000065577 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 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.

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LLC REGISTERED AGENT RESIGNATION PROMETHEAN BUILDERS LLC

Certificate of Status	0
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Page Count	02
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COVER LETTER

TO: Registration Section Division of Corporations

Incorporating Servic

PROMETHEAN BUILDERS LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000459273	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Westley Look	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look 302	531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H230000655773

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	s of section 605.0115, Florida Statutes, the u	naersignea,			
Incorporating Service	, hereby resigns as				
Name of Registered Agent					
Registered Agent for PF	ROMETHEAN BUILDERS LLC				
	Name of Limited Liability Company		····	'	
L21000459273					
Document Nur	mber, if known				
•	n was mailed to the above listed limited liabit and the office discontinued on the 31st day: Signature of Resigning Age	after the date on which this	s statemen	t is file	d.
	· chitty.	·C			
	Amanda Archambault			123	
	•	· · · · · · · · · · · · · · · · · · ·		15.3 k st	
	Amanda Archambault			2023 FAR 27	-

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