

L22000099445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

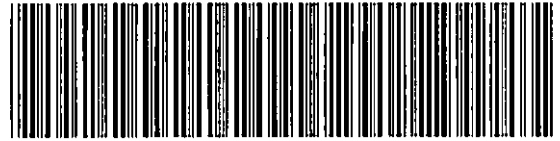
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200406095782

04.06.21 -01012--008 **85.00

FILED
2023 APR -6 PM 2:17
SECRETARY OF STATE
TOLSON, VA

RA Resignation

JUL 10 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THIS TRUE HOME LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.22000099445

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:

FINKELSON, GREGORY

Name of Person

NATIONAL CORPORATE MANAGEMENT, INC.

Name of Firm/Company

2076 16TH AVE., SUITE A

Address

SAN FRANCISCO, CA 94116

City/State and Zip Code

corp@usa-aes.com

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

For further information concerning this matter, please call:

FINKELSON, GREGORY

at (415) 682 2550

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 APR -6 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

NATIONAL CORPORATE MANAGEMENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for THIS TRUE HOME LLC

Name of Limited Liability Company

L22000099445

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.



Signature of Resigning Agent

If signing on behalf of an entity:

FINKELSON, GREGORY

Typed or Printed Name

PRESIDENT

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

SECRETARY OF STATE
TALLAHASSEE, FL
2023 APR -6 PM 2:17

2023 APR -6 PM 2:17

FILED