Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

Account Name : INCORPORATING SERVICES, LTD.

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

: (850)656-7953 Fax Number

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 **EXOTIC ELEVATIONS LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

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COVER LETTER

TO: Registration Section Division of Corporations

Incorporating Servic

<u> </u>
Company
Liability Company and fee are submitted
e following:
531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

Incorporating Servic

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Plorida Statut	es, the undersigned,	THE STATE OF THE PARTY OF THE P
Incorporating Service	ces, Ltd.	, hereby resigns as	
****	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(%) F
Registered Agent for E	KOTIC ELEVATIONS LLC		
	Name of Limited Liability Comp	липу	
L22000110766			
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above listed limi	ted liability company at its last kno	own address.
The agency is terminated	d and the office discontinued on the 3	1st day after the date on which this	s statement is filed.
	AR Signature of Resi	gning Agent	
If signing on behalf of ar	n entity:		
	Amanda Archam	bault	
	Typed or Printed Nat	ne	
	Assistant Secre	tary	
	Capacity		

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

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314