

L22000143898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

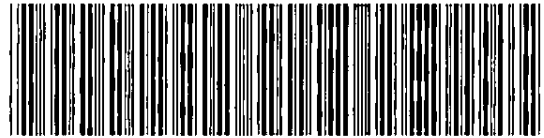
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700415374437

09/26/23--01020--007 **85.00

RECEIVED
TALLAHASSEE, FLORIDA

2023 SEP 26 PM 4: 51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENCH EXTERIORS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000143898

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:

Aaron Rench

Name of Person

RENC EXTERIORS, LLC

Name of Firm/Company

10032 VIA GRANDE

Address

NAVARRE, FL 32566

City/State and Zip Code

N/A

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

For further information concerning this matter, please call:

Kandee Matthews

850

621-3329

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KANDEE MATTHEWS

, hereby resigns as

Name of Registered Agent

Registered Agent for RENCH EXTERIORS, LLC

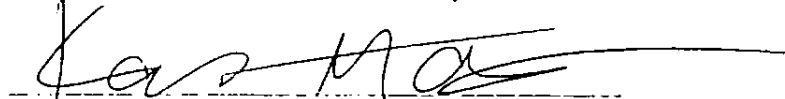
Name of Limited Liability Company

L22000143898

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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolve
withdrawn limited liability company

FILED
2023 SEP 26 PM 4:51
STATE
TALLAHASSEE, FLORIDA

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