

L22000197605

VW

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

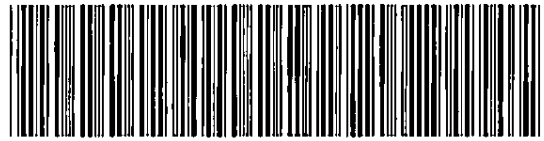
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500419500775

12/14/23--01016--011 **25.00

FILED
2023 DEC 14 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTA ROSA BEACH PRIVATE CARE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000197605

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:

Robin Hall

Name of Person

Name of Firm/Company

894 Kings Lake Blvd

Address

Defuniak Springs, FL 32433

City/State and Zip Code

rhall_91@yahoo.com

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

For further information concerning this matter, please call:

Robin Hall

at (850) 635-1612
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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