

# L230000286290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

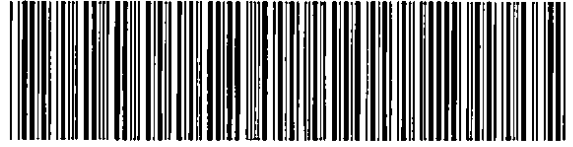
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800440391498

12/04/24--01004--007 \*\*25.00

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

2024 DEC -4 AM 8:25

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROSE'S PREMIER PAINTING, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000286290

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:

MICHAEL HIGINBOTHAM

Name of Person

ABACUS ADVANTAGE INC

Name of Firm/Company

2219 LEE TERRACE

Address

PORT CHARLOTTE, FL 33952

City/State and Zip Code

MICHAEL.ABACUS@OUTLOOK.COM

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

For further information concerning this matter, please call:

MICHAEL HIGINBOTHAM

Name of Person

at ( 941 )

Area Code

629-2244

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ABACUS ADVANTAGE INC

Name of Registered Agent

hereby resigns as

Registered Agent for ROSE'S PREMIER PAINTING, LLC

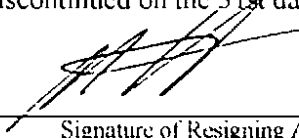
Name of Limited Liability Company

L23000286290

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 31<sup>st</sup> day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

MICHAEL HIGINBOTHAM

Typed or Printed Name

PRESIDENT, ABACUS ADVANTAGE INC

Capacity

**FILED**  
2024 DEC -4 AM 8:25  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

## **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