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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : 12009C000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

2020 JUN -9 P 11:26

**\*\*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 HOME TEAM MARKETING, LLC

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

O SIMMONS  
JUN 10 2020

RECEIVED

2020 JUN -9 AM 9:25

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

A1A REGISTERED AGENT

\_\_\_\_\_  
Name of Registered Agent

hereby resigns as

Registered Agent for HOME TEAM MARKETING, LLC

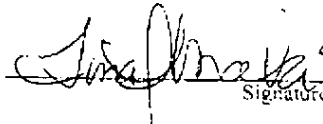
\_\_\_\_\_  
Name of Limited Liability Company

M05000004057

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:

TINA MAKI

\_\_\_\_\_  
Typed or Printed Name

OWNER

\_\_\_\_\_  
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withdrawn limited liability company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

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