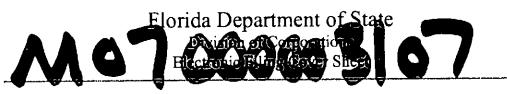
1/8/2021

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000100513)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil	Address:			
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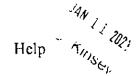
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## LLC REGISTERED AGENT RESIGNATION RENTACRATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



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

Pursuant to the provisions of section 605.01	15, Florida Statutes, the un	ndersigned.	
C T CORPORATION SYSTEM	, hereby resigns as		
Name of Registered A	Beut		
Registered Agent for			<del></del>
RENTACRATE LLC			·
Name of L	imited Liability Company		
M07000003107			
Document Number, if known			
A copy of this resignation was mailed to the	e above listed limited liabili	ity company at its last known:	address.
The agency is terminated and the office dis	Signature of Resigning Ager	<u> </u>	ement is filed.
If signing on behalf of an entity:			. 2
Kimberly Laug	IAL	## <b>82</b> 1	
	Typed or Printed Name		F   1 2021 JAN -8
Assis	Assistant Secretary		00
FILIN \$ 85.00 \$ 25.00	Capacity  G FEES:  Active limited liability  Administratively disso	olved/ voluntarily dissolved/	M 9:02

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