M07000004026

	(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



600416973476

PILED RECEIVED

2023 OCT 13 AM 9: 22

Incorporating Services, Ltd. .

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com 850.656.7953

000-240-0001

REQUEST DATE 10/13/2023

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY

YANKEE REALTY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

YANKEE REALTY LLC

Please file the attached resignation.

NOTES:

\$85.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

SUBJECT: YANKEE REALTY LLC		
	mited Liability	y Company
DOCUMENT NUMBER: M07000004026		
The enclosed Resignation of Registered Agent for filing.	t for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning the	nis matter to t	he following:
Westley Look		
Name of Person		-
Incorporating Services, Ltd.		
Name of Firm/Company		_
3500 S DuPont Highway		
Address		_
Dover, DE 19901		
City/State and Zip Code		_
wlook@incserv.com		
E-mail address: (to be used for future annual repo	rt notification)	_
For further information concerning this matter	, please call:	
Westley Look	302	531-0703
Name of Person	Area Code	531-0703 Daytime Telephone Number
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrat liability company.	da Departmei ively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STRE	ET ADDRESS:
Registration Section		ration Section
Division of Corporations	•	on of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes	s, the undersigned,		
Incorporating Services, Ltd.		, hereby resigns as		
N				
Registered Agent for YAI	NKEE REALTY LLC			
	Name of Limited Liability Compa	iny	1	1
M07000004026				
Document Num	per, if known			
A copy of this resignation	was mailed to the above listed limite	ed liability company at its last know	vn address.	
The agency is terminated a	and the office discontinued on the 31	st day after the date on which this	statement is	filed.
-	— PHACOMOUND OF Resignature of Resignature	uutt ning Agent		
If signing on behalf of an	entity:	-	_ ~∍	
	Amanda Archamb	pault É	2020 OCT 13	
	Typed or Printed Nam	c		
_	Assistant Secreta	ary 🥳		
	Capacity	[1]	ici 🖚	h
		J. F. C.	AH 9	
	\$ 25.00 Administrative	liability company by dissolved/ voluntarily dissolvedited liability company	2029 OCT 13 AH 9: 22	

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