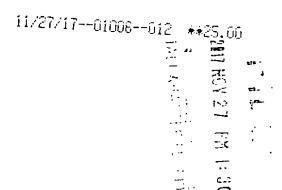
M0700005891

(Requ	estor's Name)	
- (Addre	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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J. HARRIS

COVER LETTER

Registration Section Division of Corporations FIRST CHOICE HOME SOLUTIONS, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER:___ M07000005891 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: Kaitie Sperry Name of Person

Corporate Direct, Inc. Name of Firm/Company 2248 Meridian Blvd., Ste H Address Minden, NV 89423 City/State and Zip Code info@corporatedirect.com

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

For further information concerning this matter, please call:

at (775 782-2201 Area Code Daytime Telephone Number Kaitie Sperry Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the un	dersigned,		
Gerri Detweiler		_ , hereby resigns as		
	Name of Registered Agent			
Registered Agent for	FIRST CHOICE HOME SO	DLUTIONS, LLC		
				·
	Name of Limited Liability Company			
M0700	0005891			
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed limited liabili	ity company at its last	known addr	ess.
The agency is terminated	d and the office discontinued on the 31st day a	fter the date on which	this stateme	nt is filed.
	Signature of Resigning Ager	y		
If signing on behalf of a	•	•	7 (2) [11] (24)	
	Gerri Detweiler		=======================================	•
	Typed or Printed Name		::- E-	÷
Registered Agent			2817 115 17 27	3.
	Capacity			
			 3	
	FILING FEES:		33	
	\$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited lial	[,] company blved/ voluntarily diss bility company	olved/	

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