

(Re	equestor's Name)	-	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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### 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

**REQUEST DATE** 10/31/2023

**PRIORITY** Routine

OUR REF # (Order ID#) Westley

**ORDER ENTITY** 

**NEW C & H REALTY LLC** 

### PLEASE PERFORM THE FOLLOWING SERVICES:

**NEW C & H REALTY LLC** 

Please file the attached resignation filing.

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**

TO: Registration Section Division of Corporations		
SUBJECT: NEW C & H REALTY LLC  Name of Limited		
Name of Limited	Liability Company	
DOCUMENT NUMBER: M08000004165		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	atter to the following:	
Westley Look		
Name of Person	<del></del>	
Incorporating Services, Ltd.		
Name of Firm/Company	<del></del>	
3500 S DuPont Highway		
Address		
Dover, DE 19901		
City/State and Zip Code	<del></del>	
wlook@incserv.com		
E-mail address: (to be used for future annual report not	fication)	
For further information concerning this matter, plea	ise call;	
Westley Look	02 531-0703 rea Code Daytime Telephone Number	
Name of Person A	rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Taliahassee, FL 32314

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

Pursuant to the provisions	of section 605.0115, Florida Statutes, the unc	dersigned,	
Name of Registered Agent		, hereby resigns as	
Registered Agent for NE	W C & H REALTY LLC		
	Name of Limited Liability Company	,	
	The state of the s		
M08000004165			
Document Num	ber, if known		
_	and the office discontinued on the 31st day af  Signature of Resigning Agen	her the date on which this statement is filed.	
Amanda Archambault		72 23 23	
-	Typed or Printed Name		
Assistant Secretary		<u>⇔</u>	
-	Capacity		
		င့္	
		09	
	### FILING FEES:  \$ 85.00 Active limited liability  \$ 25.00 Administratively dissowithdrawn limited liability	company lved/voluntarily dissolved/	

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