

M09000002097

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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

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LLC REGISTERED AGENT RESIGNATION
PROVENDER HALL I LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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2019 JAN 18 PM 4:55

19 JAN 18 AM 9:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVENDER HALL I LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M09000002097

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:

Name of Person

CAL TITLE SEARCH, INC.

Name of Firm/Company

1540 GLENWAY DRIVE

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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19 JAN 18 AM 9:55
TALLAHASSEE, FLORIDA

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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,

CAL TITLE SEARCH, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for **PROVENDER HALL I LLC**

Name of Limited Liability Company

M09000002097

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.

Kristy Teal
Signature of Resigning Agent

If signing on behalf of an entity:

Kristy Teal
Typed or Printed NameAccounting manager
CapacityFILED
JAN 18 AM 9:55
TALLAHASSEE, FLORIDA**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