

## 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.\*\*

Email Address:

LLC REGISTERED AGENT RESIGNATION AMERICAN RESIDENTIAL EQUITIES, LLC

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Electronic Filing Menu

Corporate Filing Menu

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#### **COVER LETTER**

TO: Re	gistration Section vision of Corporations		
SUBJEC	T, AMERICAN RESIDENTIAL EC	QUITIES, LLC	;
DODULO	Name of Li	mited Liability	Сотрапу
DOCUM	ENT NUMBER: M12000002965		
The enclo	sed Resignation of Registered Agent	for a Limited	Liability Company and fee are submitted
Please ret	urn all correspondence concerning th	is matter to th	e following:
MONICA	CLIFFORD		
<del></del>	Name of Person		·
INCORE	PORATING SERVICES, LTD.		
	Name of Firm/Company		
3500 S I	DUPONT HIGHWAY		
	Address	· · · · · · · · · · · · · · · · · · ·	
DOVER	, DE 19901		
	City/State and Zip Code		
MCLIFF	ORD@INCSERV.COM		
E-ma	l address: (to be used for future annual repo	rt notification)	•
For furth	er information concerning this matter	, please call:	
MONIC	A CLIFFORD	302 at (	531-0855
	Name of Person	Area Code	Daytime Telephone Number
Enclosed liability of liability	is a check made payable to the Floriompany or \$25.00 for an administrate ompany.	da Department ively dissolve	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limi

## 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)

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

Pursuant to the provisi	ions of section 605.0115, Flo	orida Statutes, the unde	ersigned,			
INCORPORATIN	, hereby resigns as					
	Name of Registered Agent					
Registered Agent for	AMERICAN RESIDENT	FIAL EQUITIES, L	LC			
	Name of Limited L	iability Company		<del>-</del>		3
M12000002965						
Document l	Number, if known					
A copy of this resignar	tion was mailed to the above	: listed limited liability	company at its last	known ad	dress.	
The agency is termina	ted and the office discontinu	ed on the 31st day after	er the date on which	this states	ment is	filed.
If signing on behalf of	an entity:	<del></del>		SSS	-	A Liberton philosophic
	AMY M. BALKE			ini.≺ Mga	A	
	ASSISTANT SECRE			STATE OF THE		1 7 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Ca	pacity		<b>A</b>	CO.	

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