

M14000001697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

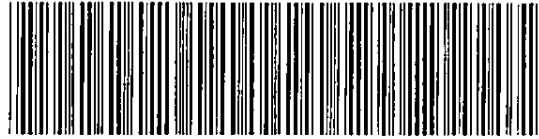
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800434690578

FILED
2024 OCT 22 AM 10:02
TALLAHASSEE, FLORIDA
RECEIVED
2024 OCT 22 AM 11:34
TALLAHASSEE, FLORIDA
CLERK OF COURT
JENNIFER L. HARRIS



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 10/21/24
Order #: 1657226-4
Re: Fifteen Homestead HOA Lot Owner LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: ~~\$85.0~~ - FL State Account Number:
I20000000195

25.00

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

TO: Registration Section
Division of Corporations

DOCUMENT NUMBER: M14000001697

RESIGNATIONS DEPARTMENT

CORPORATION SERVICE COMPANY

251 LITTLE FALLS DRIVE

WILMINGTON, DE 19808

ANNUALREPORTS@CSCGLOBAL.COM

For further information concerning this matter, please call:

RESIGNATION DEPT

Name of Person

Area Code	Daytime Telephone Number
214	751-1111
214	751-1112
214	751-1113
214	751-1114
214	751-1115
214	751-1116
214	751-1117
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214	751-1244
214	751-1245

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Fifteen Homestead HOA Lot Owner LLC

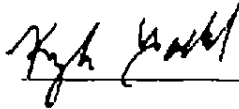
Name of Limited Liability Company

M14000001697

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.



Signature of Resigning Agent

If signing on behalf of an entity:

BY KYLE TODD

Typed or Printed Name

VICE PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

TALLAHASSEE, FLORIDA

2024 OCT 22 AM 10:02

FILED

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