

m14000003699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 APR 29 PM 3:44  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rent Recover of Better NOI LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M14000003699

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:

**RESIGNATION DEPARTMENT**

\_\_\_\_\_  
Name of Person

**CORPORATION SERVICE COMPANY**

\_\_\_\_\_  
Name of Firm/Company

**80 STATE STREET**

\_\_\_\_\_  
Address

**ALBANY NY 12207**

\_\_\_\_\_  
City/State and Zip Code

**RESIGN@CSCGLOBAL.COM**

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

For further information concerning this matter, please call:

**RESIGNATION DEPARTMENT**

at ( 518 ) 433-7018

\_\_\_\_\_  
Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# 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

RENT RECOVER OF BETTER NOT LLC

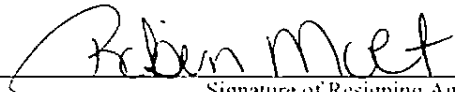
Name of Limited Liability Company

M14000003699

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 ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

Capacity

FILED  
2019 APR 29 PM 3:44  
TALLAHASSEE, FL

## 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