

M14 000000 8857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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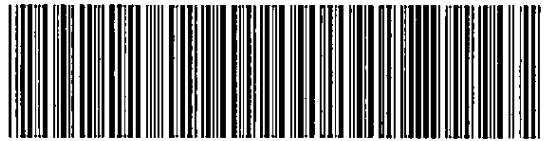
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/16/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDWOOD RECOVERY SOLUTIONS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M 14000008857

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:

JASON BRIAN

Name of Person

ALLURE TANNING LLC

Name of Firm/Company

1405 N HWY ALT A1A, Suite 107

Address

JUPITER FL 33469

City/State and Zip Code

JASON@ALLURETANNING.COM

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

For further information concerning this matter, please call:

JASON BRIAN

Name of Person

at (561) 818-3468

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JOHN R. VACCARO

Name of Registered Agent

, hereby resigns as

Registered Agent for REDWOOD RECOVERY SOLUTIONS LLC

Name of Limited Liability Company

L140000022729

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:

JOHN VACCARO

Typed or Printed Name

REGISTERED AGENT

Capacity

FILING FEES:

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withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 24 AM 11:52

FILED

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