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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	 		 	_
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## LLC REGISTERED AGENT RESIGNATION GLASSNER CARLTON FINANCIAL LLC

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K. Brumbley

#### H230000947843

### **COVER LETTER**

TO: Registration Section Division of Corporations
GLASSNER CARLTON FINANCIAL LLC
Name of Limited Liability Company
DOCUMENT NUMBER: M16000009555
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:
Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Name of Firm/Company
Corporate Center One, 5301 Southwest Parkway, Suite 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at ( 888 ) 705-7274
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5, Florida Statutes, the undersi	gned,	
Registered Agent Solutions, Inc.	nereby resigns as		
Name of Registered Age	rerecy remains an		
Registered Agent for GLASSNER CARL	TON FINANCIAL LLC		
Name of Lin	ited Liability Company		·
M16000009555			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the	above listed limited liability co	mpany at its last known	address.
If signing on behalf of an entity:	ero de		
Mackenzie Hibl	er		202
	yped or Printed Name  /, Registered Agent Solution  Capacity	ns. Inc.	FILE 2023 MAR   3
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/	AH 9: 06

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