

# M180000009223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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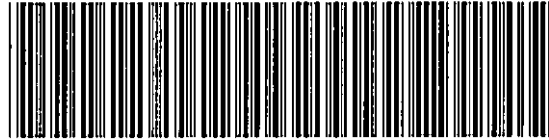
(Business Entity Name)

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TALLAHASSEE, FL

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STATE OF FLORIDA  
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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/15/22**

**NAME: 417 CALLOWHILL OF DE LLC**

**TYPE OF FILING: RESIGNATION**

**COST: 85.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 417 CALLOWHILL OF DE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M18000009223

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:

Leisa D Pichard

Name of Person

Florida Filing & Search Services, Inc

Name of Firm/Company

155 Office Plaza Drive

Address

Tallahassee, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

Leisa Pichard

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Florida Filing & Search Services Inc

, hereby resigns as

Name of Registered Agent

Registered Agent for 417 CALLOWHILL OF DE LLC

Name of Limited Liability Company

M18000009223

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.

Abbie Hodge  
Signature of Resigning Agent

If signing on behalf of an entity:

Abbie Hodge

Typed or Printed Name

Senior Vice President

Capacity

STATE OF FLORIDA  
TALLAHASSEE, FL

2022 NOV 15 PM 12:51

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## 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