

# M200000006547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

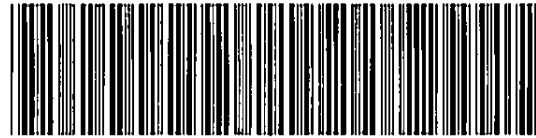
(Document Number)

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Certificates of Status \_\_\_\_\_

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2023 MAY -8 PM 12:32  
CLERK OF STATE  
TALLAHASSEE, FL

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2023 MAY -8 PM 1:51  
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TALLAHASSEE, FL

**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: 05/08/23**

**NAME: HUNTER'S POINTE 204 LLC**

**TYPE OF FILING: RA RESIGNATION**

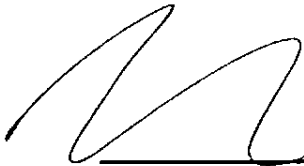
**COST: 85.00**

**RETURN: PLAIN COPY PLEASE**

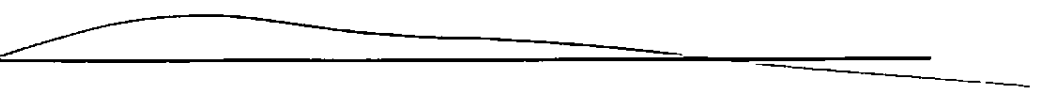
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## 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 Hunter's Pointe 204 LLC

Name of Limited Liability Company

M20000006547

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

Se. Vice President

Capacity

### 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

FILED  
2008 MAY -8 PM 12:32  
TALLAHASSEE, FL  
DEPARTMENT OF STATE