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(Business Entity Name)

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2021 JAN 19 PM 6:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kristopher Homebuilders LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M20000009354

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:

Carly Newman

Name of Person

Hayes & Newman, PL

Name of Firm/Company

830 Lucerne Terrace

Address

Orlando, FL 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

Carly M. Newman

407

649-9974

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Hayes & Newman, PL

, hereby resigns as

Name of Registered Agent

Registered Agent for Kristopher Homebuilders LLC

Name of Limited Liability Company

M20000009354

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.

/s/Carly Newman

Signature of Resigning Agent

If signing on behalf of an entity:

Carly M. Newman

Typed or Printed Name

Partner

Capacity

FILED
2021 JAN 19 PM 6:25
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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