

M22 500012862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

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

Special Instructions to Filing Officer:

Office Use Only



300423912733

RECEIVED  
FEB 16 11:10 AM  
STATE

RECEIVED  
FEB 16 4:33 PM  
STATE

6-1-23

A. HUNT

02/16/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : *Handwritten signature*  
AUTHORIZATION :  
COST LIMIT : \$25.0

ORDER DATE : 02/16/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: Ribbon Home Facility I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_ ☒ \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: SHAUNA GODBOLT

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ribbon Home Facility I, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M22000012863

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT at (800) 927-9801  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CORPORATION SERVICE COMPANY

hereby resigns as

Name of Registered Agent

Registered Agent for Ribbon Home Facility I, LLC

Name of Limited Liability Company

M22000012863

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.

*Shauna Godbolt*

Signature of Resigning Agent

If signing on behalf of an entity:

BY SHAUNA GODBOLT

Typed or Printed Name

ASSISANT SECRETARY

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