# M22 GOOD 12863

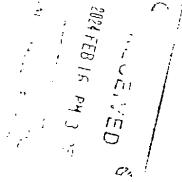
(F	Requestor's Name)	
(A	Address)	
····		
(,5	Address)	
(0	City/State/Zip/Phone #)	···
PICK-UP	TIAW	MAIL
(E	Business Entity Name)	
	Occument Number)	<del></del>
(6	occanient Namber)	
Certified Copies	Certificates of	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



300423912733





6. HUNT 62//6/24 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 1200,00000195 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**

SUBJECT: Ribbon Home Facility I, LLC	
Name of Limited Liability Cor	npany
DOCUMENT NUMBER: M22000012863	
The enclosed Resignation of Registered Agent for a Limited Lie for filing.	ability Company and fee are submitted
Please return all correspondence concerning this matter to the fo	ollowing:
RESIGNATIONS DEPARTMENT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	61.7 61.7
251 LITTLE FALLS DRIVE	
Address	Ne -
WILMINGTON, DE 19808	
City/State and Zip Code	:"
ANNUALREPORTS@CSCGLOBAL.COM	ANO: II
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RESIGNATION DEPT 800 927	7-9801
Name of Person Area Code Da	aytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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 provision	ons of section 605.011:	5. Florida Statutes, the und	dersigned.
CORPORATION SERVICE COMPANY		hereby resigns as	
Name of Registered Agent			Hereby resigns as
Registered Agent for $\frac{R}{r}$	tibbon Home Facility I,	LLC	
<del></del>	Name of Lim	ited Liability Company	,
M22000012863			
Document N	umber, if known		
	ed and the office disco		y company at its last known address.  ter the date on which this statement is filed.
f signing on behalf of a		organist of recorgning rigent	
BY SHAUNA GODBOLT		3OLT	**************************************
	T	yped or Printed Name	
ASSISANT SECRETARY		<u> </u>	
	FILING \$ 85.00 \$ 25.00	Capacity  FEES:  Active limited liability of Administratively dissolved the withdrawn limited liabi	company ved/ voluntarily dissolved/

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