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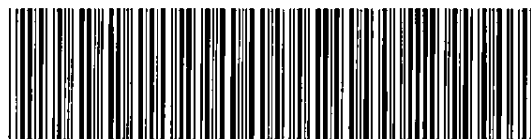
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TALLAHASSEE, FL
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vision Home Inspection Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000017141

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Renner

(Name of Person)

Nelson Mullins Riley & Scarborough LLP

(Name of Firm/Company)

50 N. Laura Street, Suite 4100

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Abbott

(Name of Person)

at (904) 665-3632

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Paul Renner
(Name of Registered Agent)

hereby resigns as Registered Agent for Vision Home Inspection Services, Inc.
(Name of Corporation)

P05000017141
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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/ Paul Renner
(Signature of Resigning Agent)

If signing on behalf of an entity:

Paul Renner
(Typed or Printed Name)

Registered Agent
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FL

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Paul Renner _____, hereby resigns as

Name of Registered Agent

Registered Agent for Vision Home Inspection Services, Inc.

Name of Limited Liability Company

P05000017141

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/ Paul Renner

Signature of Resigning Agent

If signing on behalf of an entity:

Paul Renner

Typed or Printed Name

Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FL