

POS 0000179 26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

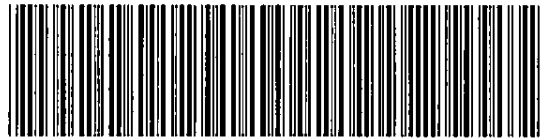
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2024 JUL -8 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Historic Builders, Inc.

**DOCUMENT NUMBER:** P5000017926

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:

Paul Renner, Esq.

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

paul.renner@nelsonmullins.com

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

For further information concerning this matter, please call:

Allison Abbott

at ( 904 ) 665-3632

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2024 JUL -8 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL  
PM 12:00

**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 Historic Builders, Inc.  
(Name of Corporation)

P05000017926  
(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)

FILED  
2024 JUL -8 PM 12:00  
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