

PI7000069587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

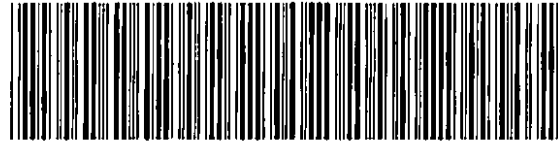
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23 NOV - 1 4:11:41

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Home Concepts, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P17000069587

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:

Catherine Sarmiento

(Name of Person)

ANDERSON REGISTERED AGENTS, INC.

(Name of Firm/Company)

3225 McLeod Drive, Suite 100

(Address)

Las Vegas, NV 89121

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Sarmiento

702

871 - 8535

at (

(Name of Person)

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

23 FEB - 1 00:11:11

**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, ANDERSON REGISTERED AGENTS, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for Florida Home Concepts, Inc.


(Name of Corporation)

P17000069587

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

A.T. Mathis

(Typed or Printed Name)

Authorized Agent

(Capacity)

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withdrawn corporation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**