

M22000008358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

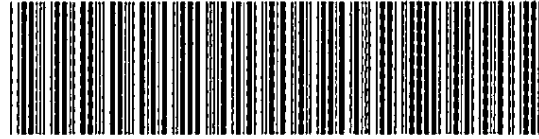
(Document Number)

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

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

Special Instructions to Filing Officer:

Office Use Only



700423912797

2024 FEB 12 PM 2:20  
FILE

2024 FEB 12 PM 2:20

A. HUNT  
h2 p1/20  
02/16/24

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

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$25.0



ORDER DATE : 02/16/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

2024  
FEB 16 11:20  
AM  
TALLAHASSEE, FL

CHANGE OF AGENT

NAME: Ribbon Home SPV III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON:

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ribbon Home SPV III, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M22000008358

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                      800                      927-9801  
\_\_\_\_\_  
Name of Person                      at (                      )                      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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 SPV III, LLC  
Name of Limited Liability Company

M22000008358  
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  
assistant secretary  
Capacity

2016 APR 20 10:01 AM

**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**