117000236032

Office Use Only



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2021 OCT 15 AM IO: 21
SECRETATION OF STATE

OCT 28 2021

COVER LETTER

SUBJECT: Embrace Investors LLC	·		
Name of Limited Liabilit DOCUMENT NUMBER: L17000236032	y Company		
The enclosed Resignation of Registered Agent for a Limite	d Linkillin Community of C	1	
for filing.	d Liability Company and fee are	submitted	
Please return all correspondence concerning this matter to t	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	_		
9900 Spectrum Dr.			
Address	-		
Austin, TX 78717			
City/State and Zip Code	-		
raresignations@legalzoom.com		202 SE	
E-mail address: (to be used for future annual report notification)	-	100 100 100	**
For further information concerning this matter, please call:		0021 OCT 15 FECRETALY TALLASA	. "
at (773-0888 Daytime Telephone Number	Z)	? 7
Name of Person Area Code	Daytime Telephone Number	AHIO: 2	-
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an actived, voluntarily dissolved or with	e limited drawn limite	d

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unders	signed.	
United States Corp	poration Agents, Inc.	hereby resigns as	
Name of Registered Agent		. Hereby resigns as	
Registered Agent for _	Embrace Investors LLC		
	Name of Limited Liability Company	,	
L17000236032			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.	
If signing on behalf of a	Signature of Resigning Agent	2021 OCT	
	Cheyenne Moseley	5	
	Typed or Printed Name Asst. Secretary for United States Corporation Age Capacity	nts, Inc.	

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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