

L17000236606

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORPORATING SERVICES, LTD.
Account Number : 120050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 SEP 27 AM 10:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
19870 SW 127TH AVENUE INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SEP 28 2021

A. LUNT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 19870 SW 127TH AVENUE INVESTMENT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000236606

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:

Amanda Archambault
Name of Person

Incorporating Services, Ltd.
Name of Firm/Company

3500 S DuPont Highway
Address

Dover, DE 19901
City/State and Zip Code

ataylor@incserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aryn Taylor at (302) 531-0724
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Incorporating Services, Ltd. _____, hereby resigns as
Name of Registered Agent

Registered Agent for 19870 SW 127TH AVENUE INVESTMENT, LLC

Name of Limited Liability Company

L17000236606

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name
Assistant Secretary

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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