

L18 000012731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

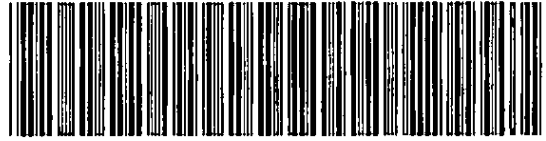
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 22 AM 7:50
STATE OF FLORIDA
TALLAHASSEE, FL

2/20/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLUMBIA SHERMAN INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000012731

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:

Alex England
Name of Person

INTERSTATE AGENT SERVICES, LLC
Name of Firm/Company

301 MILL RD. STE. U-5
Address

HEWLETT, NY 11557
City/State and Zip Code

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

For further information concerning this matter, please call:

Alex England at (718) 569 2703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

INTERSTATE AGENT SERVICES, LLC hereby resigns as
Name of Registered Agent

Registered Agent for COLUMBIA SHERMAN INVESTMENTS LLC

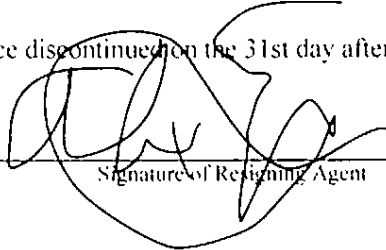
Name of Limited Liability Company

L18000012731

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:

Alex England

Typed or Printed Name

Authorized Person

Capacity

FILED
2022 NOV 22 AM 7:50
SECTION 1, TALLAHASSEE, FL.
STATE

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