hz0 000 3 z 9 0 3 9

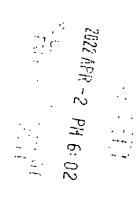
(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
(City/State/Zip/Priorie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		
İ		

Office Use Only



800363055578

84/02/21--61065--618 **25.00



O SIMMONS
MAY 2 7 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000329039	· ·
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd, 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 un-	dersigned,	2022 APR
United States Corporation Agents. Inc. , hereby resigns as		·- =
	72	
Registered Agent for All Saints Properties LLC		-D
_		6:
Name of Limited Liability Company		<u> </u>
L20000329039		
Document Number, r. known		
A copy of this resignation was mailed to the above listed limited liabilit	ty company at its last kn	iown address.
The agency is terminated and the office discontinued on the 31st day af		is statement is filed.
f signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name Asst. Secretary for United States Corporation A	Agents, Inc.	
Capacity	<u>-</u>	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Taflahassee, FL 32314