

L21000 272826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

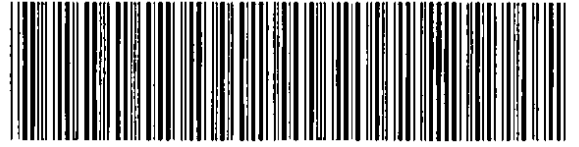
(Business Entity Name)

(Document Number)

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08/08/23--01014--004 **25.00

2023 AUG 8 PM 10:04
STATE
OFFICE, FL
ED

9500
R. HUNT
08/08/23

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

United States Corporation Agents, Inc. hereby resigns as
Name of Registered Agent

Registered Agent for 904CADE LLC
Name of Limited Liability Company

L21000272826
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:

Cheyenne Moseley
Typed or Printed Name
Asst. Secretary for United States Corporation Agents, Inc.
Capacity

FILING FEES:

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withdrawn limited liability company

2007-08-08 PM 10:04
STATE
TALLHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314