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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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Email	Address:				

## LLC REGISTERED AGENT RESIGNATION 9620 TAVERNIER DR LLC

Certificate of Status	0		
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Estimated Charge	\$85.00		

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Corporate Filing Menu

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JUN 29 2022

K. Brumbley

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned.
NORTHWEST REGISTERED AGENT LLC	, hereby resigns as
Name of Registered Agent	
Registered Agent for	
9620 Tavernier Dr LLC	,
Name of Limited Liabilit	y Company
Document Number, if known	
A copy of this resignation was mailed to the above liste	d limited liability company at its last known address.
The agency is terminated and the office discontinued or	n the 31st day after the date on which this statement is filed.
1000	Thove
Signature	of Resigning Agent
If signing on behalf of an entity:	
Tom Glover	
Typed or Prin	nted Name
Assistant Secretary	922
Capacity	JUN 2
	2022 JUN 29
FILING FEES: \$ 85.00 Active	limited liability company
\$ 25.00 Admin withdr	limited liability company istratively dissolved/ voluntarily dissolved/ was limited liability company

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