L22000040785

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

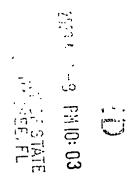
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

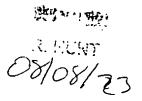
Office Use Only



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08/08/23--01014--005 **35.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 1342 Holly Heights Drive I	LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000040795	
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	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	· (成) (以)
9900 Spectrum Dr.	
Address	co Co
Austin, TX 78717	
City/State and Zip Code	PHIO: 03
raresignations@legalzoom.com	rid S
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.011:	5, Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc.		. hereby resigns as				
	Name of Registered Ager	nt	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Registered Agent for	342 Holly Heights	Drive LLC				_
						_,
	Name of Lim	ited Liability Company				
L22000040795						
Document No	unber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last	known :	nddress	ş.
The agency is terminate	d and the office disco	ntinued on the 31st day after	the date on which	r this stat	tement	is filed
		0111				
		Signature of Resigning Agent				
If signing on behalf of a	n entity:				2973	
	Cheyenne Mose	ley			: **;	
	т	yped or Printed Name		:	າ ເລ	
	Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.	: <u></u>		,
		Capacity		TESTATE	:0 :01 H	ا الاستخار الاستخار
	FILING	FEES:		L-1	•	
	\$ 85.00 \$ 25.00	Active limited liability ed Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dis- ty company	solved/		

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