# L230000 7934

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





100430419451

OF TAIL HERRY HORE AND FOR

2024 MAY 24 PHII: 58
SECRETARY OF STATE
TALL AHASSEE

### **COVER LETTER**

SUBJECT: ARS1 Property Investments Name of Limited Liability Con	npany
DOCUMENT NUMBER: L23000007934	
The enclosed Resignation of Registered Agent for a Limited Lia for filing.	bility Company and fee are submitted
Please return all correspondence concerning this matter to the fo	ollowing:
United States Corporation Agents, Inc.  Name of Person	
Legalzoom.com, Inc.	~
Name of Firm/Company	SEC
9900 Spectrum Dr.	2024 HAY 24 SECRETAR STALLAR
Address	
Austin, TX 78717	PHII: 58
City/State and Zip Code	्राह्म <b>अ</b>
raresignations@legalzoom.com	in w

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

For further information concerning this matter, please call:

Name of Person

Registration Section Division of Corporations

TO:

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 provision	ons of section 605.0115, Florida Statutes, the un-	dersigned.
United States Corp	poration Agents, Inc.	, hereby resigns as
Name of Registered Agent		_ thereby resigns as
Registered Agent for _	ARS1 Property Investments LLC	
	Name of Limited Liability Company	·
L23000007934		
	lumber, if known	
A copy of this resignat The agency is terminate	ion was mailed to the above listed limited liabilited and the office discontinued on the 31st day af	ty company at its last known address.  There the date on which this statement is filed.
	Signature of Resigning Agent	PH THE STATE OF TH
If signing on behalf of	an entity:	10.8 10.8
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	Agents, Inc.
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

• • • •