M18000002610

(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:		





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COVER LETTER

SUBJECT: FLARJ LLC Name of Limited Liability	Componi
DOCUMENT NUMBER: M18000002610	• •
DOCUMENT NUMBER:	
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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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 (800	773-0888 Daytime Telephone Number
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
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	. voluntarily dissolved or withdrawn limite

MAILING ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	dersigned,	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	,	
M18000002610			
Document Nu	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day af	ter the date on which this statement is filed.	
	Signature of Resigning Agent	2022	
If signing on behalf of a	n entity:	JUL 💝	
	Cheyenne Moseley	6	
	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\$25.00 Administratively dissolved/ withdrawn limited liability company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