

M180002112643663
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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APPROVED AND FILED

**LLC REGISTERED AGENT RESIGNATION
SERVIZ, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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Corporate Filing Menu

Help
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVIZ, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M18000003663

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margot Mullin
Name of Person

Registered Agent Solutions, Inc.
Name of Firm/Company

1701 Directors Blvd., Suite 300
Address

Austin, TX 78744
City/State and Zip Code

coa@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin at (888) 705-7274
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

APPROVED
AND
FILED
2019 JUL 11 PM 3:25

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for SERVIZ, LLC
Name of Limited Liability Company

M18000003663
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.

Mackenzie Hart
Signature of Resigning Agent

If signing on behalf of an entity:

Mackenzie Hart
Typed or Printed Name
Assistant Secretary, Registered Agent Solutions, Inc.
Capacity

2019 JUL 11 PM 3:25
APPROVED AND FILED

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