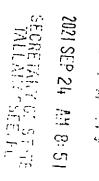
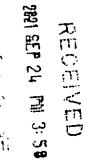


(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	<u> </u>
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦

Office Use Only







FLORIDA CAPITAL COURIER SERVICES, INC · 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

Please use funds from ACCT. <u>I2021000</u>	0160 Amount: 75.
Authorized Signature:	
_5517 E. FM 40, LLC L16000209992 Business Name	Document #, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of ARTICLES OF INCO	PRP.
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	Amendment _XResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
() APOSTIL ()	Other

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

Please use funds from ACCT. 120210000	160 Amount: 25.7
Authorized Signature:	
_5517 E. FM 40, LLCL16000209992 Business Name	Document #, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of ARTICLES OF INCOR	Р.
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	Amendment _XResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
() APOSTIL () Country	Other

COVER LETTER

SUBJECT: 5517 E FM 40, U.C	
Name of Limited Liability Co	ompany
DOCUMENT NUMBER: <u>L16000 2 0999 2</u>	
The enclosed Resignation of Registered Agent for a Limited L for filing.	iability Company and fee are submitted
Please return all correspondence concerning this matter to the	following:
Michael Calzadias	
Name of Person	
Name of Firm/Company	
1502 CR 3010 Address	
LUBBOCK TX 79403	
City/State and Zip Code	
michaelcalzadias@gmail,com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael Calzadias 806 20 Area Code D	81-8988
Name of Person Area Code L	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department o liability company or \$25.00 for an administratively dissolved, limited liability company	of State for \$85.00 for an active limited voluntarily dissolved or withdrawn

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.011	5, Florida	Statutes, the unde	ersigned,		
DLF Registered Agent Service, LLC Name of Registered Agent				, hereby resigns as		
	Name of Lin	nited Liabili	ity Company			.•
L16000	209992					
Document N	lumber, if known					
A copy of this resignat	ion was mailed to the	above list	ed limited liability	company at its last kr	nown address.	
The agency is terminal	ed and the office disec		on the 31st day aft		is statement is	s filed.
If signing on behalf of	an entity:				20 31	
	Michael A Scott				22 22 22 22 22 22 22 22 22 22 22 22 22	-
	MGR	Typed or Pri	nted Name	- 	2021 SEP 24 SECRETARY	
	FILING \$ 85.00 \$ 25.00	Active Admin		company ved/ voluntarily dissol lity company	15:8 HW	

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