

119000223834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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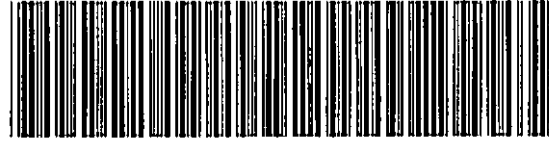
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

7/27/22 AUG 12 AM 8:31

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 113 Quads, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000223834

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:

Nidia Delgadillo

Name of Person

Veil Registered Agent, LLC

Name of Firm/Company

1187 N. 1200 W. Ste. 300

Address

Orem, UT 84057

City/State and Zip Code

renewals@veil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nidia Delgadillo at (888) 727-7387  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agents Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for 113 Quads, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L19000223834

\_\_\_\_\_  
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.

Bill Havre  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Bill Havre

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary on behalf of Registered Agents Inc.

\_\_\_\_\_  
Capacity

**FILED**  
2027 AUG 12 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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**