121000513792

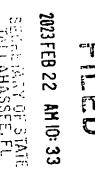
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

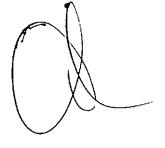
Office Use Only



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COVER LETTER

SUBJECT: Condor One Ventures LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000513792

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:

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

Name of Person at (800) 773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

raresignations@legalzoom.com

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

For further information concerning this matter, please call:

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 provis	tions of section 605.0115, Florida Statutes, the unders	igned,	
United States Co	rporation Agents, Inc.	hereby resigns as	
	Name of Registered Agent	nercoy resigns as	
Registered Agent for	Condor One Ventures LLC		
	Name of Limited Liability Company	·	
L21000513792			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after t	he date on which this statement is fi	led.
	Signature of Resigning Agent	2023 FEB	~~
If signing on behalf of an entity:		В 22 БАКТ АНА	Same Annual Annual
	Cheyenne Moseley	ທີ່	
	Typed or Printed Name	SEES A	
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity	rri 🖎	

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