Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000360525 3)))



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To:

Division of Corporations

Fax Number : (850)637-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION EDEN GARDENS, LLC

Certificate of Status	0
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COVER LETTER

(((H22000360525 3))	
TO: Registration Section Division of Corporations	*
SUBJECT: Name of Limited Liability	Camany
	Condon's
DOCUMENT NUMBER: L04000017482	
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 th	e following:
Karen Gibson	
Name of Person	
InCorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Pkwy Ste. 500s	
Address	
Las Vegas, NV 89169	
City/State and Zip Code	
documents@incorp.com	
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Karen Gibson for InCorp Services, Inc. 702 Name of Person Area Code	866-2500
Name of Person Area Code	Daytime Telephone Number
and the Committee of the Manifest Property and	of Ctata Car CO5 MA for an active limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Tallahassec, FL 32301 (((H22000360525 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned,
InCorp Services, Inc	5.	, hereby resigns as
Name of Registered Agent		
Registered Agent for _		
EDEN GARDENS,	LLC	
	Name of Limited Liability Company	;
L04000017482		
Document S	Number, if known	
A copy of this resignat	ion was mailed to the above listed limited list	bility company at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day	y after the date on which this statement is filed.
	Raven Get	
	Signature of Resigning A	gent
If signing on behalf of	an entity:	FIL 2022 OCT 20 ALCARIASS
	Karen Gibson for InCorp Services, Inc	0CT
	Typed or Printed Name	20 20
	Authorized Representative	· · · · · · · · · · · · · · · · · · ·
	Capacity	
		95.2 2:

FHANG FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company

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

(((H22000360525 3)))