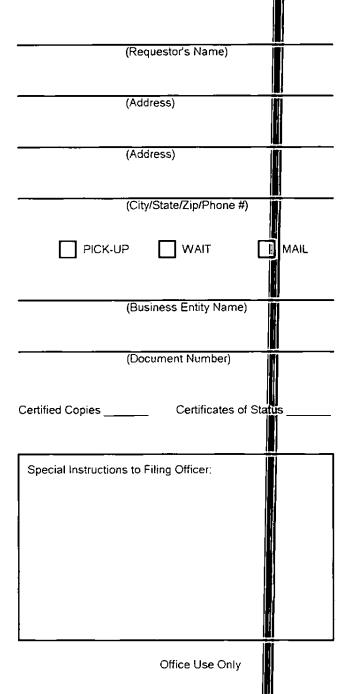
20700041785





600305943156

11/27/17--01008--026 **25.00

2011 NOV 27 PH 5 26
SECRETARY OF STATE
SECRETARY OF STATE

K. SALY NOV 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	FL 434 LLC
	Name of Limited Liability Company
DOCUMENT NUMBER:	L07000041785
The enclosed Resignation of Registor filing.	tered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence c	ncerning this matter to the following:
Kaitie Spe	
Name of Per	son
Corporate Dire	1 7
Name of Firm/Co	ompany
2248 Meridian Bl	<u>0 </u>
Address	
Minden, NV 8	(1)
City/State and Z	p Code
info@corporated	
E-mail address: (to be used for futu	
For further information concerning	Sthis matter, please call:
Kaitie Sperry	775 782-2201
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Internacion bl (2301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	lii.			_
Pursuant to the provision:	s of section 60 5.0115, F	lorida Statutes, the und	ersigned,	八里不
	Gerri Detweiler		_ , hereby resigns as	卷 五
	Name of Registered Agent		_ , 110100 y 100161111 40	强心!
Registered Agent for	l FL	434 LLC		TOTAL CHARSELE, FLORIES
				75 4.
	Name of Limited	Liability Company	•	97 6
L07000	041785			P. S.
Document Num	nber, if known	-		
A copy of this resignation	n was mailed to the abov	e listed limited liability	company at its last k	nown address.
The agency is terminated If signing on behalf of an	Sterry Sig	Determine State day and State of Resigning Agent		nis statement is fried.
	Ger	ri Detweiler		
	Турес	l or Printed Name		
	Reg	istered Agent		
	FILING FE \$ 85.00 A \$ 25.00 A	ctive limited liability of dissolvent dissol	ved/ voluntarily disso ility company	vlved/
		o Florida Department of	f State and mail to:	
		vision of Corporations P.O. Box 6327 fallahassee, FL 32314		
	12.13			

INHS17 (2/14)