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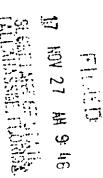
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	FL	. 1234 LLC		
SOBJECT	Name of Lim	ited Liability	Company	
DOCUMENT NUMBER:	L07	7000041787	7	
The enclosed Resignation of Reg for filing.	istered Agent for	or a Limited	Liability Company and	fee are submitted
Please return all correspondence	concerning this	matter to the	e following:	
Kaitie Sp	erry			
Name of Po	erson			
Corporate D	rect, Inc.			
Name of Firm/9	Company			
2248 Meridian E	3lvd., Ste H			
Addres	5	· · ·		
Minden, NV	89423			
City/State and	Zip Code			
info@corporate	direct.com		•	
E-mail address: (to be used for fu	ure annual report	notification)	•	
For further information concerni	ng this matter, _I	please call:		
Kaitie Sperry	at	775	782-2201	-
Name of Person		Area Code	Daytime Telephone Nun	nber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		s, Florida Statutes, the un	4.5.8	
Gerri Detweiler		, hereby resigns as		
Nar	ne of Registered Agen	t		
Registered Agent for	F	FL 1234 LLC		
	Name of Limi	ited Liabitity Company	,	
L0700004	1787			
Document Number	r, if known			
A copy of this resignation w	as mailed to the a	bove listed limited liabili	ity company at its last known address.	
The agency is terminated ar	id the office discor	ntinued on the 31st day a	fter the date on which this statement is fil	led.
_	Herri	Octure of Resigning Ager	nt	
If signing on behalf of an er	-			
If signing on behalf of an er	-	Gerri Detweiler		
If signing on behalf of an er	T ₁	yped or Printed Name		
If signing on behalf of an er	T ₁			

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