# L11000105989

(Requestor's Name)		
(Address)		
(Address)		
(1001000)		
A 16 47 49		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certified copies Certificates of Status		
Special Instructions to Filing Officer.		

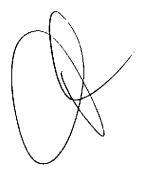
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### **COVER LETTER**

SUBJECT: manfre electric LLC  Name of Limited Liabi	Ety Company
DOCUMENT NUMBER: L11000105989	mty Company
The enclosed Resignation of Registered Agent for a Limitor filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	o the following:
United States Corporation Agents, Inc.	
Name of Person	2023
Legalzoom.com, Inc.	2023 OCT 31
Name of Firm/Company	— <u> </u>
9900 Spectrum Dr.	A 9: 5E
Address	
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please ca	II:
at (	773-0888
Name of Person Area Co	ode Daytime Telephone Number
Enclosed is a check made payable to the Florida Departn liability company or \$25.00 for an administratively disso liability company.	nent of State for \$85.00 for an active limited lived, voluntarily dissolved or withdrawn limited

## MAILING ADDRESS:

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 under	rsigned,
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as
		, hereby resigns as
Registered Agent for	manfre electric LLC	
	Name of Limited Liability Company	
L11000105989		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability o	company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	2023 OCT 3
If signing on behalf of	an entity:	2 2
	Cheyenne Moseley	31 FT
	Typed or Printed Name	—— in
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	

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