# L12000044135

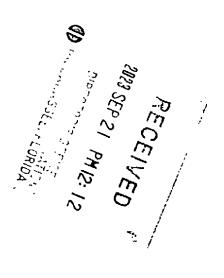
<u> </u>	(Requestor's Name)
	(Address)
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· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J DENIUS
	SEP 20 783

Office Use Only



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2023 SEP 21 PM 12: 35



# **COVER LETTER**

924 NYCA China Partners, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L12000044135 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	, Florida Statutes, the unde	lersigned,	
CORPORATION SERVICE COMPANY  Name of Registered Agent		hereby resigns as	
Name of Limit	ted Liability Company	<del></del>	_,
L12000044135			
Document Number, if known	_		
A copy of this resignation was mailed to the above The agency is terminated and the office discon	·	er the date on which this statement i	
If signing on behalf of an entity:		~	
BY EYLIENA BAKER		. Sec	
VICE PRESIDENT	ped or Printed Name	SEP 2	777
FILING F \$ 85.00 \$ 25.00	Capacity  FEES:  Active limited liability c  Administratively dissolv  withdrawn limited liabil	company yed/ voluntarily dissolved/	FILED

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