112000159834

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

Office Use Only



900327960489

04/19/19--01006--011 **85.00



P. VIIITE gii 27 Lui

Jeanne L. Scewald

HAHN 🕕 LOESER

Direct Phone: 239,254,2905 Direct Fax: 239,254,2942 Email: jseewald@hahnlaw.com

April 18, 2019

Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Re: 122612, LLC

Dear Sir/Madam:

Enclosed for filing with respect to the above-referenced company is a Statement of Resignation of Registered Agent and our check in the amount of \$85.00 for the filing fee.

Please return all correspondence regarding this matter to the following:

Jeanne L. Seewald, Esq. Flahn Loeser & Parks, LLP 5811 Pelican Bay Boulevard, Suite 650 Naples, FL 34108

If you have any questions or require additional information, please call me at the number above.

Cordially yours.

HAMN LOESER & PARKS LLP

Jeanne L. Seewald

JLS/caf Enclosure

10924160.1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the und	dersigned.			
HL Statutory Agent	, Inc.	, hereby resigns as				
Name of Registered Agent						
Registered Agent for 12	22612, LLC					
						•
	Name of Lin	iited Liability Company				
L12000159834						
Document Nu	imher, if known					
A copy of this resignation	on was mailed to the a	above listed limited liabilit	y company at its	last know	n addr	ess.
The agency is terminated	d and the office disco	Signature of Resigning Agent	/el/	hich this s	tateme	mt is filed.
If signing on behalf of a	n entity:			 .	2019	
Jeanne L. Seewald Typed or Printed Name Vice President					75	أثالت
					2019 APR 119)
		Capacity			PM 2:41	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/ voluntarily	dissolved	/	

Make cheeks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314