h13 000 114269

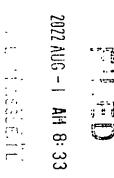
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

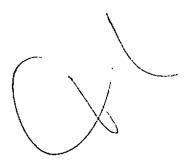
Office Use Only



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08/01/22--01006--006 **25.00





COVER LETTER

Division of Corporations		
SUBJECT:		
Name of Limited Liability	Company	-
DOCUMENT NUMBER: L13000114269		_
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee a	re submitted
Please return all correspondence concerning this matter to the	e following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		2022 AUG -
City/State and Zip Code	·	aug Sun
raresignations@legalzoom.com	•	- . ===
E-mail address: (to be used for future annual report notification)	· 25	
For further information concerning this matter, please call:		AH 8: 33
800 at (773-0888	ယ
Name of Person Area Code	Daytime Telephone Number	_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section

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 provisi	ions of section 605.0115, Florida Statutes, the undersi	gned,	
United States Cor	United States Corporation Agents, Inc, hereby resigns as		
	Name of Registered Agent		
Registered Agent for _	Southwest Merger LLC		
	Name of Limited Liability Company		 '
L13000114269			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability co	mpany at its last known addres	SS.
The agency is termina	Signature of Resigning Agent		t is filed.
If signing on behalf of	f an entity:	-	
<i>5</i>	Cheyenne Moseley	its, Inc.	AH 8: 33
	Typed or Printed Name		œ <u> </u>
	Asst. Secretary for United States Corporation Agen	its, Inc.	ယ ယ
	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