14000035277

(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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* TO: Registration Section Division of Corporations

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SUBJECT: Cumming Land Managem Name of Limited Liability	•	_	
DOCUMENT NUMBER: L14000025277	Company		
The enclosed Resignation of Registered Agent for a Limited for filing.	f Liability Company and fee ar	- re submitted	i
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notification)		20	
For further information concerning this matter, please call:		2023 HAR SECRETA	ಬ್ಯಾಣ
at (773-0888	# 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Person Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an act d, voluntarily dissolved or wit	ive limited hdrawn im	ited

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the unde	ersigned.			
United States Corp	oration Agents, Ir	ic.	, hereby resigns as			
	Name of Registered Age					
Registered Agent for C	Cumming Land Ma	inagement, LLC				
	Name of Lim	nited Liability Company			,	
L14000025277						
Document N	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its las	t known add	dress.	
The agency is terminate	ed and the office disco	intinued on the 31st day afte	er the date on which	h this statem	nent is	filed.
		Signature of Resigning Agent	······			
If signing on behalf of a	in entity:					
	Cheyenne Mose	eley				
	Т	yped or Printed Name		1/2	20	
	Asst. Secretary for U	Jnited States Corporation Ag	jents, Inc.	<u> </u>	2023 HAR	
		Capacity		EDARY C	IAR -7 /	**************************************
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dis ity company	solved/2	附川: 20	

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