1140000 28468

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

Office Use Only



200361972992

03/15/21--01042--026 **25.00

3121 HAR 15 AH 6: 23

O SIMMONS MAY 24 2021

COVER LETTER

SUBJECT: Swartz Realtor PLLC Name of	Limited Linkility	Company
1400028468	Timned Liability	
DOCUMENT NUMBER: L14000028468		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to tl	ne following:
United States Corporation Agents, Inc.		
Name of Person	·	
Legalzoom.com, Inc.		
Name of Firm/Company	.	
101 North Brand Blvd, 11th Floor		
Address	_	
Glendale, CA 91203		
City/State and Zip Code	<u> </u>	
raresignations@legalzoom.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this mat	ter, please call:	
	800	773-0888 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

liability company.

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, F1, 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unders	igned,	ينصر
United States Corp	oration Agents, Inc.	hereby resigns as	121 HAR 15
	Name of Registered Agent	, g	馬
Registered Agent for S	wartz Realtor PLLC		<u> </u>
, , , , , , , , , , , , , , , , , , ,			
	Name of Limited Liability Company		6: 23
L14000028468			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability of	ompany at its last know	n address.
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this s	tatement is filed.
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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