# L14 0000 91968

(Requestor's Name)  (Address)	
(Address)	800
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
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2022 July 19 / Hills 20

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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB.	JECT: SHARE VENTURES LLC  Name of Limited Liability Co	-	
	Name of Limited Liability Control Number: L14000091968	ompany	
	enclosed Resignation of Registered Agent for a Limited L	iability Company and fee are	submitted
Pleas	se return all correspondence concerning this matter to the	following:	
Unit	ted States Corporation Agents, Inc.		
	Name of Person		
Lega	alzoom.com, Inc.		
	Name of Firm/Company		
990	0 Spectrum Dr.		
	Address		
Aus	stin, TX 78717		
	City/State and Zip Code		
	esignations@legalzoom.com		
	E-mail address: (to be used for future annual report notification)		20
For	further information concerning this matter, please call:	. ,	( <del></del>
	further information concerning this matter, please call:	773-0888	
	Name of Person Area Code	Daytime Telephone Number	(C)
liabi	losed is a check made payable to the Florida Department of the Florida Department of the Company or \$25.00 for an administratively dissolved. The company.	of State for \$85.00 for an acti voluntarily dissolved or with	ve limited -/ idrayy limited

#### 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	ns of section 605.0115	. Florida Statutes, the unders	igned.		
United States Corporation Agents, Inc.		hereby resigns as			
Name of Registered Agent					
Registered Agent for S	HARE VENTURES	SLLC			
	Name of Limi	ed Liability Company		·	
L14000091968					
Document Nu	mber, if known	<del></del>			
A copy of this resignation	on was mailed to the ab	pove listed limited liability co	ompany at its last know	m address.	
The agency is terminate	d and the office discor	tinued on the 31st day after t	he date on which this s	tatement is file	d.
If signing on behalf of a	n entity:				
	Cheyenne Mosel	ey		73	
	Ty	ped or Printed Name		2022 JUL	r
	Asst. Secretary for U	nited States Corporation Age	nts, Inc.		,
		Capacity		5	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	I/ voluntarily dissolved	20	: ر