

L14000103267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

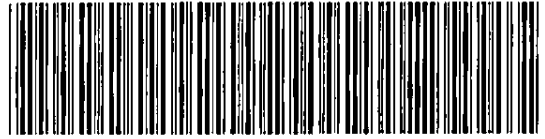
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



100420518201

12/22/23--01013--001

2023 DEC 22 AM 11:23

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVER OAKS 6919 TIC LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000103267

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Deaven

Name of Person

Registered Agents Legal Services, LLC

Name of Firm/Company

1013 Centre Road, Suite 403S

Address

Wilmington, DE 19805

City/State and Zip Code

info@inelegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Deaven

at (800) 400-6650

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agents Legal Services, LLC _____, hereby resigns as

Name of Registered Agent

Registered Agent for SILVER OAKS 6919 TIC LLC _____

Name of Limited Liability Company

L14000103267 _____

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Ashley Deaven

Signature of Resigning Agent

If signing on behalf of an entity:

Ashley Deaven _____

Typed or Printed Name

Authorized Person _____

Capacity

FILED
2023 DEC 22 AM 11:23

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