2/4000/24/601

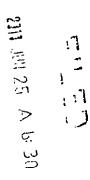
(Re	equestor's Name)	
(Ad	ddress)	
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. (C ir	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Object 10--01010--055 4025.1.



COVER LETTER

SUBJECT: 80S IN THE PARK, LLC	ne of Limited Liability	Company	
DOCUMENT NUMBER: L14000124	4601		
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company and	I fee are submitted
Please return all correspondence concer	ning this matter to tl	ne following:	
Joyce Yi			
Name of Person		-	
LegalZoom.com. Inc.			
Name of Firm/Compar	i,		
101 N. Brand Blvd. Fl. 11			- -
Address		-	2711 1671 255 \
Glendale, CA 91203			- A
City/State and Zip Cod	le	-	25
E-mail address: (to be used for future annu	al report notification)	•	<u>ي.</u> در
For further information concerning this	matter, please call:		O O
Joyce Yi	323	962-8600 x7789 Daytime Telephone Nu	
Name of Person	Area Code	Daytime Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisions of section 605.0115.	Florida Statutes, the unders	igned.		
United States Corporation Agents, Inc, hereby resigns as		hereby resigns as		
Name of Registered Agent		• -		
Registered Agent for 80S IN THE PARK,	LLC			
Name of Limit	ed Liability Company		·	
L14000124601				
Document Number, if known				
A copy of this resignation was mailed to the al	pove listed limited liability o	ompany at its last known	address.	
The agency is terminated and the office discon-	tinued on the 31st day after	the date on which this sta	tement is	filed.
	Signature of Resigning Agent			
If signing on behalf of an entity:				
Cheyenne Mosel	ey			
ly	ped or Printed Name			
Asst. Secretary on behalf o	f United States Corporati	on Agents, Inc.	וורין	
	Capacity		-	
			Ē	- 3
			. J 1	;
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	d/voluntarily dissolved/	> \$ 30] ブ

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314