L14000141178

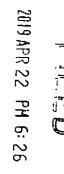
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C. GOLDEN MAY -2 2019

COVER LETTER

SUBJECT: TREETOP TROISI LLC		
(Name of)	Limited Liability	Company
DOCUMENT NUMBER: L14000141178	<u> </u>	
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 th	e 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		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter	er, please cail:	
Kasandra Lund	1 800	773-0888 x3951
Name of Person	Area Code	773-0888 x3951 Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administraliability company.	rida Department atively dissolved	of State for \$85.00 for an active limited I. voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisi	ons of section 605.0115, Florida Stat	utes, the undersigned,			
United States Cor	poration Agents, Inc.	, hereby resigns	38		
•	Name of Registered Agent				
- Registered Agent for	REETOP TROISI LLC				
·	Name of Limited Liability Co.	misani		 .	
	Conne of Edition (1)	щану			
L14000141178					
Document ?	umber, if known				
A copy of this resignat	on was mailed to the above listed lin	nited liability company at its la	ist known ad	ldress.	
The agency is terminat	ed and the office discontinued on the	·	ch this stater	ment is	filed.
If signing on behalf of	an entity:			201	
	Cheyenne Moseley			2019 APR 22	'- ' -
	Typed or Printed N	ame		₽ 2	
	Asst. Secretary for United States C	orporation Agents, Inc.			1
	Capacity			PH 6: 26	
	FILING FEES:			٠.	
	\$ 25.00 Administrat	ed liability company ively dissolved/ voluntarily di limited liability company	issolved/		

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