Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:			2 (
	Division of Corporations			₩ 2 8		
	Fax Number	: (850)617-6383				
	From:			· 27.		
		me : INCORP SERVICES	INC	45 O		
		imber : 120120000007		20 TO 1		
		; (702)866-2500				
	Fax Number	: (702)900-2290		2022 OCT 20 PH I2: 29 SECREDARY OF STATE		
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.					
<u></u>	Email Address: documents@incorp.com					
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\supset	LLC REGISTERED AGENT RESIGNATION					
<u>;</u>	LANIER TERRACE LLC					
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C. BRUMBLEY

OCT . 4.0. 2022

COVER LETTER

(((H22000360573 3)))

SUBJECT:	imited Liability Company
DOCUMENT NUMBER: L14000142732	липеа тлаонну Сотряну
	nt for a Limited Liability Company and fee are submitted
Please return all correspondence concerning t	his matter to the following:
Karen Gibson	
Name of Person	
InCorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Pkwy Ste. 500s	
Address	
Las Vegas, NV 89169	
City/State and Zip Code	
documents@incorp.com	
E-mail address. (to be used for future annual rep-	ort notification)
For further information concerning this matte	r, please call:
Karen Gibson for InCorp Services, Inc.	at () Area Code Daytune Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administra liability company.	ida Department of State for \$85,00 for an active limited tively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section

(((H22000360573 3)))

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

(((H22000360573 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned,
InCorp Services		, hereby resigns as
	Name of Registered Agent	
Registered Agent for _		
LANIER TERRACE	ELLC	
	Name of Limited Liability Company	
L14000142732		
Document :	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liab	oility company at its last known address.
The agency is termina	ited and the office discontinued on the 31st day	y after the date on which this statement is filed.
	glacen Get	(2) D 2
	Signature of Resigning A	igent 750
If signing on behalf of	f an entity:	PILED 2027 OCT 20 PH 12: 29 SECRETARY OF STATE TALLAHASSEE, FL
	Karen Gibson for InCorp Services	ASS
	Typed or Frinted Name	£ ₽ m
	Authorized Representative	ST R
	Сарисіту) ATE

FHANG FEES:

Active limited liability company Administratively dissolved/voluntarily dissolved/ S 85.00 \$ 25.00

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

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