

L14000168145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1404 MOON VALLEY DR LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L14000168145

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:

CAROLINE LARSON  
Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC  
Name of Firm/Company

7901 Kingspointe Pkwy Ste 17  
Address

Orlando, FL 32819  
City/State and Zip Code

ALAN@LARSONACC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON 407 370 3686  
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

INTERNATIONAL DIVISION BY LARSON LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for 1404 MOON VALLEY DR LLC

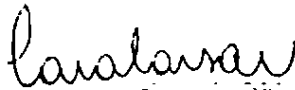
Name of Limited Liability Company

114000168145

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.



Signature of Resigning Agent

If signing on behalf of an entity:

CAROLINE LARSON

Typed or Printed Name

CEO

Capacity

## 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