# L14 000 181109

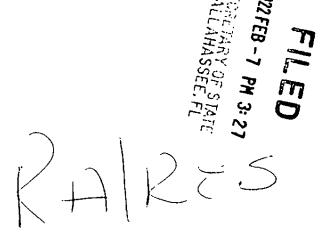
(Requestor's Name)	
(A.I.I	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Execument Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

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FEB 1.5 2027.
ALBRITTON

### **COVER LETTER**

Subject:						
Name of Limited Liability Company						
DOCUMENT NUMBER: L14000181109						
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:						
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						
raresignations@legalzoom.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
at ( 800 773-0888						
Name of Person at ( 800 ) 773-0888  Area Code Daytime Telephone Number						
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited iability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited iability company.						

### 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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, I	Florida Statutes, the unders	signed.	
United States Corporation Agents, Inc.			hereby resigns as	
	Name of Registered Agent		nereby resigns us	
Registered Agent for	Seecharan Rentals, L	LC		
	Nume of Limited	I Liability Company		,
	Name of Emmee	Chaomicy Company		
L14000181109				
Document	Number, if known	<del>_</del>		
A copy of this resigna	tion was mailed to the abo	ve listed limited liability co	ompany at its last known	address.
The agency is termina	ted and the office disconti	nued on the 31st day after	the date on which this sta	tement is filed.
		ignature of Resigning Agent		
lf signing on behalf o	an entity:			
	Cheyenne Mosele	y	7	<b>202</b>
	Туре	d or Printed Name		<b>F]</b> 2022 FEB - ;
	Asst. Secretary for Unit	ed States Corporation Age	nts, Inc.	
		Capacity		< 7
	FILING FF \$ 85.00 A \$ 25.00 A	<u>CES:</u> Active limited liability cor Administratively dissolved withdrawn limited liability	npany d/ voluntarily dissolved/ y company	FA 3: 27

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