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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
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SECRETARY OF STATE
FALL ARASSE OF DRIDA

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sagittarius Ventures, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000120866
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
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
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 (
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisio	ns of section 605.01	<ol><li>Florida Statutes, the und</li></ol>	ersigned,			
United States Corporation Agents, Inc.		hereby resign:	e ne			
Name of Registered Agent				3 113		
Registered Agent for S	agittarius Ventur	es, LLC		· · · · · ·		_
						_,
	Name of Li	nited Liability Company				
L15000120866						
Document No	imber, if known	<del></del>				
A copy of this resignation	on was mailed to the	above listed limited liability	v company at its	last known a	ddress.	,
The agency is terminate	d and the office disc	ontinued on the 31st day aft  Signature of Resigning Agent	er the date on wl	nich this state	rment i	s filed
If signing on behalf of a	n entity:				0 ر	
	Cheyenne Mos	eley		2.2. 7.2.	JAN -	1
	<del></del>	Typed or Printed Name		: n = 1	တ်	1
	Asst. Secretary for	United States Corporation A	gents, Inc.	· ,':=	<b>*</b>	1
		Capacity		Alberta (	棚川:22	Ö
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	/ed/ vofuntarily o	dissolved/		

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