

L15000169889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

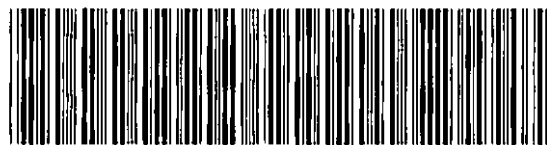
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/23--01038--011 **25.00

FILED
Sep 25, 2023 08:00 AM
Secretary of State

Re Resignation

OCT 18 2023

D CUSHING

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

URS Agents, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Stoewsand Properties III, LLC
Name of Limited Liability Company

L15000169889
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:

Edwardo Saldana
Typed or Printed Name
Manager
Capacity

FILED
Sep 25, 2023 08:00 AM
Secretary of State

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withdrawn limited liability company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



September 20, 2023

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

FILED
Sep 25, 2023 08:00 AM
Secretary of State

Please file the following:

- 1. Statutory Agent Resignation for the attached entities.**

PLEASE RETURN A FILED COPY TO ME VIA EMAIL
RESIGNATIONS@URSCOMPLIANCE.COM OR VIA FAX 800-567-4398.

Thank you for your assistance. If you have any questions or any delays in filing, please call me using our toll-free number 800-567-4397 or email me resignations@urscompliance.com.

Respectfully,

URS AGENTS, LLC