L15000 172594

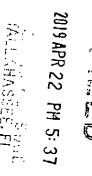
(Requestor's Name)		
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G. PRATA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SB ALBERT, LLC	of Limited Liability	Concany	
DOCUMENT NUMBER: L1500017259			
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are submitt	.ed
Please return all correspondence concernit	ng this matter to th	e 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			
E-mail address: (to be used for future annual For further information concerning this ma	•		
Kasandra Lund	1 800 at (773-0888 x3951	
Name of Person	Area Code) Daytime Telephone Number	
Enclosed is a check made payable to the Fliability company or \$25.00 for an administrability company.	lorida Department stratively dissolved	of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn li	rd imited
MAILING ADDRESS:		ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the under	signed.		
United States Corp	oration Agents, Inc.	, hereby resigns as		
	Name of Registered Agent			
Registered Agent for <u>S</u>	B ALBERT, LLC			
	Name of Limited Liability Company		·	
L15000172594				
Document No	umber, if known			
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after			tīled.
If signing on behalf of a	Signature of Resigning Agent in entity:	TALLAHASSI	2019 APR 22 1	
	Cheyenne Moseley	<u>12-</u>	Ř 2	1
	Typed or Printed Name		Ŋ) zm
	Asst. Secretary for United States Corporation Ag	ents, Inc.	¥	
	Capacity	THE CHAPTER OF THE CH	5: 37	O

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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