Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future $\stackrel{ extstyle <}{\sim}$ annual report mailings. Enter only one email address please.

Email	Address:		

LLC REGISTERED AGENT RESIGNATION 8081 GERMERICAN LLC

Certificate of Status	0
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K. SALY

FEB 2 3 2022

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Name of Limited Liability	Commun
15000	15000200858	Соправу
	UMENT NUMBER: L15000200858	
The e for til	nclosed Resignation of Registered Agent for a Limiteding.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
TRAC	EE COTTON	
	Name of Person	•
BLUM	BERGEXCELSIOR CORPORATE SERVICES, I.I.C.	
	Name of Firm/Company	-
100 W	ALL STREET, SUITE 503	
	Address	-
NEW	YORK, NY 10005	
~	City/State and Zip Code	-
<u>C</u>	-mail address: (to be used for future annual report notification)	-
For fu	orther information concerning this matter, please call:	
TRAC	EE COTTON 800 Name of Person at (Area Code	221-2972 X1550
	Name of Person Area Code	Daytime Telephone Number
Fnelo	sed is a check made payable to the Florida Departmen	at of State for \$85,00 for an active limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Directions to the model of	one of austine 505 OLLS Therida Charles al		FILE PUTER 22
	ons of section 605.0115, Florida Statutes, th	ie undersighen,	
BLUMBERGEXCELSI	OR CORPORATE SERVICES, INC.	, hereby resigns as	TEB 22
	Name of Registered Agent	<u>,</u> ,	50
Registered Agent for	808) GERMERICAN LLC		
			1 5 1 2 C
	Name of Limited Liability Company		
L15000090858			
Поситен М	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited li	ability company at its last kno	own address
The agency is terminat	ed and the office discontinued on the 31st d	lay after the date on which this	s statement is filed.
	ANS CAN TO CASE OF Resigning		
	Signature of Resigning	Ageni	
If signing on behalf of	an entity;		
	MARY BROOKS		
	Typed or Printed Name		
	ASSISTANT SECRETARY		
	Caponity		

FILING FEES:
5 85.00 Active limited liability company
5 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, Ft. 32314