L16000019018

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olty/State/Elp/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootino in Montalia)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500381070875

02/10/22--01017--025 **35.00



C. BRUMBLEY FEB 2 2 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 10850 WILLOW RIDGE LOOP Name	LLC	y Company
DOCUMENT NUMBER: L16000019018	} 	
The enclosed Resignation of Registered for filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to t	he following:
ADAM H SUDBURY ESQ		
Name of Person		_
APELLIE LEGAL		
Name of Firm/Company	y	_
PO BOX 1871		
Address	· ·	_
ORLANDO, FL 32802		
City/State and Zip Code	<u> </u>	-
entities@legal.apellie.com		
E-mail address: (to be used for future annu	al report notification)	-
For further information concerning this	matter, please call:	
ADAM H SUDBURY ESQ	407	395-4111
Name of Person	Area Code	395-4111 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the under	signed.			
INCORP SERVICES, INC.		_ , hereby resigns as			
•	Name of Registered Agent	maran, rabigiin in			
Registered Agent for	0850 WILLOW RIDGE LOOP LLC				
	Name of Limited Liability Company				_ `
1.16000019018					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liability c	ompany at its last	. knowr	n addres	S.
The agency is terminate	and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which	this sta	atement 2022 FEB	is filed.
If signing on behalf of a	an entity:			10	-
	Jackie DeFilippis		23 	AH	П
	Typed or Printed Name Authorized Representative on behalf of Ir	Corp Services	inc.	AH 10: 31	D
	Capacity	<u> </u>	î -;	-	

\$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