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COVER LETTER

TO: Registration Section Division of Corporations

. . .

SUBJECT: EILEEN C. STAFFORD INVESTMENTS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000056841

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 repo	ort notification)
For further information concerning this matte	r. please call:
	at (1 800) 773-0888 x3951
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes,	the undersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		hereh	hereby resigns as	
Registered Agent for_	EILEEN C. STAFFORD INVESTMENT	S, LLC		
	Name of Limited Liability Company		·	
L16000056841				
Document l	Number, if known			
	tion was mailed to the above listed limited ed and the office discontinued on the 31st day	after the date on whic		
f signing on behalf of	an entity:	Agent	19 51.0 741.1	
	Cheyenne Moseley			
	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	FILEI JE 28 PM HASSELF	
	Asst. Secretary for United States Corporati	ion Agents, Inc.	The Paris	
	Capacity		ED STATE	
	FILING FEES: \$ 85.00 Active limited liabi \$ 25.00 Administratively	llity company dissolved/voluntaril	·	

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

withdrawn limited liability company