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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Moorer Properties, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000116426	
The enclosed Resignation of Registered Agent for a Limited for filing.	Hiability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 report notification)	
For further information concerning this matter, please call:	
800 at (773-0888 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115. Florida Statutes, the under	signed.			
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as	42	2021 JAN -	
		Hereby resigns as		<u>_</u>	·
Registered Agent for Moorer Properties, LLC				-5	į
			N. d. d.	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of Limited Liability Company			2. 1.	18 12 12 12 12 12 12 12 12 12 12 12 12 12
L16000116426				56	
Document N	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability o	ompany at its last k	mown add	ress.	
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which t	his statem	ent is f	iled.
	Signature of Resigning Agent				
If signing on behalf of	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	nts, Inc.			
	Capacity				

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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