

L16000217027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Ra Resignation

JUL 11 2023

D CUSHING



April 11, 2023

**Registration Section  
Division Of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

Dear Sir/Madam:

Please file the following:

- 1. Statutory Agent Resignation for the attached entity.**

**PLEASE RETURN A FILED COPY TO ME VIA EMAIL  
RESIGNATIONS@URSCOMPLIANCE.COM OR VIA FAX 800-567-4398.**

Thank you for your assistance. If you have any questions or any delays in filing, please call me using our toll-free number 800-567-4397 or email me at [resignations@urscompliance.com](mailto:resignations@urscompliance.com).

Respectfully,

URS AGENTS, LLC

2023 APR 14 PM 2:00

10:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFD Partners LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000217027

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:

\_\_\_\_\_  
Name of Person

URS Agents, LLC

Name of Firm/Company

3675 Crestwood Parkway Suite 350

Address

Duluth, GA 30096

City/State and Zip Code

resignations@urscompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents, LLC

Name of Person

at ( 800 ) 5674397

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

URS Agents, LLC, hereby resigns as

Name of Registered Agent

Registered Agent for SFD Partners LLC

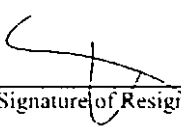
Name of Limited Liability Company

L16000217027

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Edwardo Saldana

Typed or Printed Name

Manager

Capacity

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

2023 APR 14 PM 2:26

FILED

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