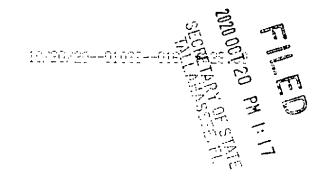
L17000058672

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





900352848029



11/30/20

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.	JECT: 739 CHAJACH LLC	of Limi	ted Liability	Company
DOC	UMENT NUMBER: L170000586			
	nclosed Resignation of Registered A		or a Limited	Liability Company and fee are submitted
Pleas	e return all correspondence concerni	ng this	matter to th	e following:
Unite	ed States Corporation Agents, In-	C.		
	Name of Person			
Lega	alzoom.com, Inc.			
	Name of Firm/Company	_		
101	North Brand Blvd. 11th Floor			
	Address			
Glen	ndale, CA 91203			
	City/State and Zip Code			
rares	signations@legalzoom.com			
 [E-mail address: (to be used for future annua	l report r	notification)	
For fi	urther information concerning this n	natter, p	lease call:	
Jazr	nine Johnson	at (800	773-0888
	Name of Person	at t	Area Code	Daytime Telephone Number
liabil	osed is a check made payable to the ity company or \$25.00 for an adminity company.	Florida istrative	Department ely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
Regis Divis	LING ADDRESS: stration Section sion of Corporations Box 6327		Registr Divisio	ET ADDRESS: ation Section n of Corporations Building
	hassee, FL 32314	xecutive Center Circle		

Tallahassee, FL 32301

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ns of section 605.0115, Florida Si	atutes, the undersigned,	
United States Corp	resigns as		
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,	
Registered Agent for 73	39 CHAJACH LLC		-
	Name of Limited Liability	Сотралу	·
L17000058672			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed	limited liability company	at its last known address.
The agency is terminate	d and the office discontinued on (he 31st day after the date	on which this statement is filed.
	Signature of	Resigning Agent	
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printe	d Name	•
	Asst. Secretary for United States	s Corporation Agents, Inc.	
	Capacity		•

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

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