Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000369031 3)))



H199003690313ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION BETTER MANAGEMENT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

DEC 27 2019

M. SOLOMON Help

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115, Florida Statutes, the	e undersigned		
JORGE LVIS V	EGA MORALES	hereby reci	ome no	
Name of Regis	itered Agent	, neredy resig	Rits as	
Registered Agent for BETTER	MANAGEMENT	SERVICES	LLC	
Nan	ne of Limited Liability Company		<del></del>	
L17000069184				
Document Number, if known				
A copy of this resignation was mailed The agency is terminated and the office				
	Signature of Resigning A		. 2	
If signing on behalf of an entity:	Signature of Resigning A	gent	118 DEC 25	
	Typed or Printed Name		25 AH	· -
	Capacity		H: 01	

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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