117000103925

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Meyer & Falfas, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000103925 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 Limited Liability Company DOCUMENT NUMBER: L17000103925 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
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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
9900 Spectrum Dr.
Address
Austin, TX 78717
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:
at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115	5, Florida Statutes, the under	signed.			
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as			
		Hereby resigns as			
Registered Agent for Meyer & Falfas, LLC	<u> </u>			<u>_</u>	
Name of Limi	ited Liability Company				
L17000103925					
Document Number, if known					
A copy of this resignation was mailed to the a	bove listed limited liability o	company at its last ki	nown add	ress.	
The agency is terminated and the office discortion of the agency is terminated and the office discortion. If signing on behalf of an entity: Cheyenne Mosel	Signature of Resigning Agent	the date on which th	nis statem	ent is fi	led.
•	ped or Printed Name	·	<i>5</i> 5	2	
Asst. Secretary for U	nited States Corporation Age Capacity	nts, Inc.	TALL ALS	2021 SEP - 7	71
FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	I/voluntarily dissol	SSEE. STATE	AM 11: 14	ED

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