# L17000168707

(Req	uestor's Name)	)	_
(Add	ress)		_
- (Add	ress)	-, <u>-</u>	_
(City.	/State/Zip/Phon	e #)	_
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificate	S Of Status	_
Special Instructions to F	iling Officer:		

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### COVER LETTER

SUBJECT: Cruz capital investments, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000168707 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: 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: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	e undersigned.			
United States Corporation Agents, Inc.		, hereby resigns	. hereby resigns as		
	Name of Registered Agent				
Registered Agent for _	Cruz capital investments, LLC				<b>-</b> -
	Name of Limited Liability Company		. <del></del>		<b>-</b> '
L17000168707					
Document ?	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited li	ability company at its	last known a	ıddress	
	Signature of Resigning	Agent			
If signing on behalf of	an entity:		<del></del> 1	<b>D</b> 2	
	Cheyenne Moseley		ÄLL	2023 SEP -	
	Typed or Printed Name		LAHASSEE	SET	7
	Asst. Secretary for United States Corpora	ation Agents, Inc.	AS:		<del></del> -
	Capacity		Y OF STATE SEE, FLORIDA	6 AM 8: 36	
	FILING FEES: \$ 85.00 Active limited liab \$ 25.00 Administratively of	hility company dissolved/voluntarily		1: 36	_

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

withdrawn limited liability company