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	(Requestor's Name)			
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	70			
	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
	(Excument Number)			
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer			
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Rx Resignation

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TO:	Registration Section Division of Corporations	<i>f</i> .		
	Division of Corporations			
SUBJ	ECT:			
+	Name of	Limited Liability	Company	
DOCU	JMENT NUMBER: L1700016997	9		
The er for fili	iclosed Resignation of Registered Aging.	ent for a Limited	Liability Company and fee are	e submitted
Please	return all correspondence concerning	g this matter to th	ne following:	
Unite	d States Corporation Agents, Inc.			
	Name of Person			
Legal	zoom.com, Inc.			
	Name of Firm/Company	-		
101 N	lorth Brand Blvd. 11th Floor			
	Address			
Glend	lale, CA 91203			
	City/State and Zip Code			
raresi	gnations@legalzoom.com			18 18 C
E-	mail address: (to be used for future annual re	port notification)		
For fur	ther information concerning this mat	ter, please call:		
Janna	ı Pantoja	800 at (773-0888 x3950	THE RESE
	Name of Person	Area Code	Daytime Telephone Number	STATE CRATIO
mabilit.	ed is a check made payable to the Flo y company or \$25.00 for an administr y company.	rida Department atively dissolved	of State for \$85.00 for an actid, voluntarily dissolved or with	ve limited

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 provision	s of section 605.011	5, Florida Statutes, the undersign	gned,		
United States Corpo	ereby resigns as				
	reoy resigns as				
Registered Agent for Ag	jora Mech, LLC				
	Name of Lin	nited Liability Company		,	
L17000169979					
Document Nur	nber, if known				
A copy of this resignation	n was mailed to the a	above listed limited liability cor	npany at its last known ac	ddress.	
The agency is terminated	and the office disco	Signature of Resigning Agent	e date on which this state	ment is	filed.
If signing on behalf of an	entity:				•
	Cheyenne Mose	eley		20	SEC
	T T	yped or Printed Name			
Asst. Secretary for United States Corporation Agents, Inc.				<u>ປາ</u>	- 南が ₃ - - のジア
		Capacity		PH 14: 0	COFSTAI ORFORAI
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/	නි	SS SO SO SO SO SO SO SO SO SO SO SO SO S

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