

L17000256238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

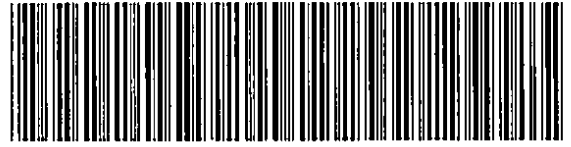
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED

2023 MAY 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



URS
COMPLIANCE

May 19, 2023

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please file the following:

- 1. Statutory Agent Resignation for the attached entities.**

PLEASE RETURN A FILED COPY TO ME VIA EMAIL
RESIGNATIONS@URSCOMPLIANCE.COM OR VIA FAX 800-567-4398.

Thank you for your assistance. If you have any questions or any delays in filing, please call me using our toll-free number 800-567-4397 or email me at resignations@urscompliance.com.

Respectfully,

URS AGENTS, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carillon 1905, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000256238

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:

Nicole Williams

Name of Person

URS Agents, LLC

Name of Firm/Company

3675 Crestwood Parkway Suite 350

Address

Duluth, GA 30096

City/State and Zip Code

resignations@urscompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents, LLC

Name of Person

at (800) 5674397

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersigned,

URS Agents, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Carillon 1905, LLC

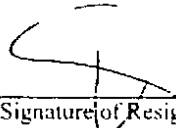
Name of Limited Liability Company

L17000256238

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Edwardo Saldana

Typed or Printed Name

Manager

Capacity

FILED
2023 MAY 23 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

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

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