

L18 000012731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

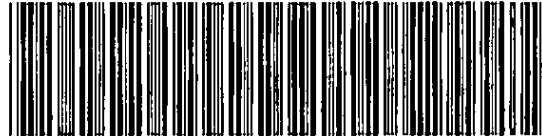
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300398007653

11/21/22 4:01:34 PM 4420.01

FILED  
2022 NOV 22 AM 7:50  
STATE OF FLORIDA  
TALLAHASSEE, FL

2/20/2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLUMBIA SHERMAN INVESTMENTS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000012731

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:

Alex England

Name of Person

INTERSTATE AGENT SERVICES, LLC

Name of Firm/Company

301 MILL RD. STE. U-5

Address

HEWLETT, NY 11557

City/State and Zip Code

contact@interstatefilings.com

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

For further information concerning this matter, please call:

Alex England

Name of Person

at ( 718 ) 569 2703  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

INTERSTATE AGENT SERVICES, LLC

hereby resigns as

Name of Registered Agent

Registered Agent for COLUMBIA SHERMAN INVESTMENTS LLC

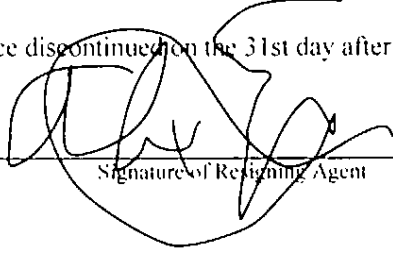
Name of Limited Liability Company

L18000012731

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:

Alex England

Typed or Printed Name

Authorized Person

Capacity

**FILED**  
2022 NOV 22 AM 7:50  
SECTION 605.0115, FLA. STAT.  
TALLAHASSEE, FL.

### 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