# K1500000H5777

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PIQ-MIA, LLC  Name of Limited Liability Company  L 18000048777
Name of Limited Liability Company
DOCUMENT NUMBER: L18000048777
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 Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	tions of section 605.0115, Florida Statutes, the unders	igned.	
United States Corporation Agents, Inc. , here		hereby resigns as	
	Name of Limited Liability Company	,	
L18000048777			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termina	ited and the office discontinued on the 31st day after	the date on which this statement is filed	
	Signature of Resigning Agent	2021 SE	
If signing on behalf of an entity:		SEP -	
	Cheyenne Moseley	Y O PI	
	Typed or Printed Name	SSEE, FL	
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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