1180000 48800

(Re	equestor's Name)		
(Address)			
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Harris Shafer, LLC Name of Lin	nited Liability Company	
DOCUMENT NUMBER: L18000048800		
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning th	is matter to the following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	_ 	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual repo		
For further information concerning this matter		
Janna Pantoja	800 773-0888 x3950	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrat liability company.	da Department of State for \$85.00 for an active limited ively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisior	ns of section 605.0115. Florida Statutes, the under	signed.
United States Corporation Agents, Inc. , hereby re		hereby resigns as
Registered Agent for H	arris Shafer, LLC	<u></u>
	Name of Limited Liability Company	<u> </u>
L18000048800		
Document Number, if known		207 SE TAL
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after	<u>></u>
ŭ ,	Signature of Resigning Agent	PH \$ 02
If signing on behalf of a	n entity:	· · · · ·
Cheyenne Moseley		
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, 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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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