1180000 61255

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2020 AUG -4 AM 10: 55 SECRETARY OF STATE

JQ 09/20/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bloc Capital Management, LLC	Liability Company
DOCUMENT NUMBER: L18000061255	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter 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 report notifi	cation)
For further information concerning this matter, pleas	se call:
Jazmine Johnson 80)
Name of Person Are	ea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Derliability company or \$25.00 for an administratively cliability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the und	lersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		haraha madana aa		
		, hereby resigns as		
Registered Agent for	Bloc Capital Management, LLC			
	Name of Limited Liability Company			·
L18000061255				
Document 1	Number, if known			
	tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day after			
	Signature of Resigning Agent		20	
If signing on behalf of	an entity:	ZE	2020 AUG -4	العظمة
	Cheyenne Moseley	LAH.	- 9C	غ خ بوجمعه جيمانين
	Typed or Printed Name	AS		j .
	Asst. Secretary for United States Corporation A	gents, Inc.	A	
	Capacity	STATE FL	AM 10: 55	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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