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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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2020 HAY -4 AH 10: 44 SECRETARY OF STATE TALLAHASSEE, FLORID!

COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	ECT: Calbers 2, LLC
	Name of Limited Liability Company
DOCU	JMENT NUMBER: <u>L/800085</u> (

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:

Colom Boardway Name of Person
TOS LOGAL COKP. Name of Firm/Company
510 W. 6th 5t, 320
City/State and Zip Code
SUGAN BOOL DOUGH TOLOGORY. E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stan Boade Cly 213, 457-7500

Name of Person Area Code Daylime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		2020	
TOS GUI CORO, hereby resigns as	名が	HAY	•
Registered Agent for Color SQ, LC	1235 1235 1275	- - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Name of Limited Liability Company	- SSE		
180008568 Document Number (Chross n			

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:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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