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## **COVER LETTER**

· ·

SUBJECT: SOFLO 561 LLC					
	Name of Limi	ted Liability	/ Company		
DOCUMENT NUMBER: <u>L1800</u>	0103528				
The enclosed Resignation of Registon submitted for filing.	ered Agent fo	or a Limited	d Liability Company and fee are		
Please return all correspondence co	ncerning this	matter to t	he following:		
United States Corporation Agen	ts, Inc.				
Name of Perso	)n		-		
Legalzoom.com, Inc.					
Name of Firm/Cor	npany		-		
101 North Brand Blvd. 11th Floo	or				
Address			-		
Glendale, CA 91203					
City/State and Zip	Code		-		
raresignations@legalzoom.com E-mail address: (to be used for future	annual report i	notification)	_		
For further information concerning	this matter, p	olease call:			
Kasandra Lund	at	( 1 800	) 773-0888 x3951		
Name of Person		Area Code	Daytime Telephone Number		
Enclosed is a check made payable to liability company or \$25.00 for an a limited liability company.	o the Florida Idministrative	Departmer ely dissolve	nt of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn		
MAILING ADDRESS:		STRE	ET ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Flo	orida Statutes, the undersigne	ed.
United States Corp	, hereby resigns as		
	,		
Registered Agent for_	SOFLO 561 LLC		
	Name of Limited Lin	ability Company	
L18000103528			
Document 8	umber, if known		
A copy of this resignat	ion was mailed to the above	listed limited liability comp	bany at its last known address.
· ·		ture of Resigning Agent	on which this statement is filed
If signing on behalf of			s 2
	Cheyenne Moseley		
		Printed Name States Corporation Agents, Inc	2019 JUL 22 SECRE MIKY TALLAHAS
	Сар	acity	Sign Tell
	\$ 25.00 A	S:  ive limited liability company idministratively dissolved/ v	, oluntarily dissolved/

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

withdrawn limited liability company