# 118000116058

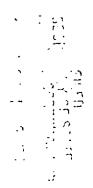
(Re	equestor's Name)			
(Ar	ddress)			
(	,			
(Address)				
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bı	usiness Entity Nam	ne)		
(Do	ocument Number)	<del></del> -		
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Inact				

Office Use Only



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RA Resignation

JAN 1 0 2020

D CUSHING

#### **COVER LETTER**

Name of	Limited Liab	ility Company	
DOCUMENT NUMBER: L18000116058	3		
The enclosed Resignation of Registered Agree for filing.	ent for a Lim	ited Liability Company ar	nd fee are submitted
Please return all correspondence concerning	g this matter t	o the following:	
Kent Rockwell			
Name of Person		<del></del>	
Universal Registered Agents, Inc.			
Name of Firm/Company			
PO Box 23788			
Address			
Overland Park, KS 66283			,
City/State and Zip Code			5
krockwell@uragents.com			1
E-mail address: (to be used for future annual re	port notificatio	n)	, , , ,
For further information concerning this mat	ter, please ca	11:	ā : -,
Kent Rockwell	855 at (	236-9172	
Name of Person	Area Co	ode <sup>/</sup> Daytime Telephone N	umber

### MAILING ADDRESS:

liability company.

**TO:** Registration Section Division of Corporations

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 provisions of section 605	.0115, Florida Statute	s, the undersigned,			
UNIVERSAL REGISTERED AGE	ENTS, INC.	, hereby resigns as			
Name of Registered Agent					
Registered Agent for EDGE REALTY	GROUP LLC				
Name o	f Limited Liability Comp	any	<del></del>		
L18000116058					
Document Number, if known					
A copy of this resignation was mailed to					
The agency is terminated and the office d	Signature of Resig		ement is	-	
If signing on behalf of an entity:			ွှေ	L.,	
Kent Rockwe	ell		;	مارية	
CEO	Typed or Printed Nam	c	-1	)} <	
	Capacity		برا ان ان		
<u>FILI</u> \$ 85. \$ 25.	NG FEES: 00 Active limited 00 Administrative withdrawn lin	liability company ly dissolved/ voluntarily dissolved/ nited liability company		Ĩ <b>.</b>	

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