L18000120426

(R	equestor's Name)		
(A	ddress)		
(A	ddress)	_	
	ity/State/Zip/Phone #)		
(0	ity/State/Zip/Filone #)	'	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(0)	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
Q. SILAS			
NOV 12 2021 11			
-			

Office Use Only



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2021 HOV -2 PH 12: 54 SECRETARY OF SAME

COVER LETTER

SUBJECT: Name of Limit	red Liability Company
DOCUMENT NUMBER: L18000120426	
The enclosed Resignation of Registered Agent fo for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this i	matter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, ple	ease call:
<u> </u>	800 773-0888
Name of Person	Area Code Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 -2 PH 12: 54

SECRETS BY OF STATE

rursuam to the provisi	ions of section 605.0115. Florida Statutes, the t	indersigned,
United States Corporation Agents, Inc.		hereby resigns as
	Name of Registered Agent	. Hereby resigns as
Registered Agent for	Gracious Living Properties II L.L.C.	
	Name of Limited Liability Company	······································
L18000120426		
Document '	Number, if known	
A copy of this resignar	tion was mailed to the above listed limited liab	ility company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day	after the date on which this statement is filed.
	Signature of Resigning Ag	ent
lf signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	

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

FILING FEES:
\$ 85.00 Active limited fiability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314