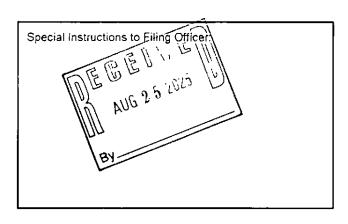
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(Reque	estor's Name)
(6.4.1	
(Addre	55)
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•	,
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PICK-UP	WAIT MAIL
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## **COVER LETTER**

Name of Limite	d Liability	Company
DOCUMENT NUMBER: L180000139517		
The enclosed Resignation of Registered Agent for for filing.	a Limited	d Liability Company and fee are submitte
Please return all correspondence concerning this m	natter to t	ne following:
Jesse Potterveld		
Name of Person		-
Caldera Law PLLC		
Name of Firm/Company		
7275 NW 1st Ct., Unit 104		
Address	·	-
Miami, FL 33150		
City/State and Zip Code		-
accounting@caldera.law		
E-mail address: (to be used for future annual report not	tification)	
For further information concerning this matter, ple	ase call:	
	86	321-3811
Name of Person at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

**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 prov	isions of section 605.0115, F	Torida Statutes, the undersigned,		
Caldera Law PLLC		, hereby re	esigns as	
	Name of Registered Agent		C	
Registered Agent fo	r 7127 NW 2 AVENUE, LLC	<u> </u>		
	Name of Limited	Liability Company		
L18000139517				
Docume	nt Number, if known	_		
A copy of this resig	nation was mailed to the above	ve listed limited liability company a	at its last known address.	
The agency is termi	nated and the office discontin	nued on the 31st day after the date of	on which this statement is f	iled.
	Si	gnature of Resigning Agent		
If signing on behalf	of an entity:			
	Jesse Potterveld		20	
	Турес	d or Printed Name	2025 8136	1
	Chief Operating Officer		5	a j
		Capacity	25	-
				٠.
	FILING FE \$ 85.00 A \$ 25.00 A	ES: Active limited liability company Administratively dissolved/ volunta withdrawn limited liability compan	rily dissolved/	

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

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