# L18000158625

	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of S	itatus			
Special Instructions to Filing Officer:					
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2020 OCT 20 PM 1: 26 SECRETARY OF STATE TALL ALLASSES FOR

12/1/20

#### **COVER LETTER**

Name		ollity Company
DOCUMENT NUMBER: L180001586	25 ————	
The enclosed Resignation of Registered A for filing.	gent for a Lin	nited Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter	to the following:
United States Corporation Agents, Inc	<b>5</b> .	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		<del></del>
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code		<del></del>
raresignations@legalzoom.com		
E-mail address: (to be used for future annual	report notification	on)
For further information concerning this m	atter, please ca	all:
Jazmine Johnson	800 at (	773-0888
Name of Person	Area C	Ode Daytime Telephone Number

#### MAILING ADDRESS:

liability company.

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

### FILED

## STATEMENT OF RESIGNATION OF REGISTER PAGENT 26 FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisior	is of section 605.0115, Florida S	tatutes, the undersigned,		
United States Corporation Agents, Inc.		, hereby re	_ , hereby resigns as	
	Name of Registered Agent		C	
Registered Agent for Ay	ve Aye Mate Real Estate L	LC		
	Name of Limited Liability	Company	·	
L18000158625				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed	limited liability company	at its last known address.	
The agency is terminated	d and the office discontinued on	the 31st day after the date	on which this statement is filed.	
	Signature of	f Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Moseley			
	Typed or Print	ed Name	•	
	Asst. Secretary for United State	s Corporation Agents, Inc.	_	
	Capacity			

FILING FEES:

Active limited liability company Administratively dissolved/ voluntarily dissolved/ \$ 85.00 \$ 25.00 withdrawn limited liability company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