L1800020810L

(Requestor's Name)
(Address)
(Address)
(Modless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

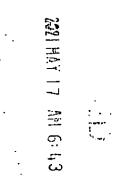
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JUN 21 2021

COVER LETTER

Proverbs Two LLC	
SUBJECT: Name of Limited Liability Cor	Machu
DOCUMENT NUMBER: L18000208106	
The enclosed Resignation of Registered Agent for a Limited Lia for filing.	ibility Company and fee are submitted
Please return all correspondence concerning this matter to the fo	ollowing:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ()	3-0888 ytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

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 provisi	ons of section 605.0115, Florida Statutes, the under	signed,	233
United States Corporation Agents, Inc.		, hereby resigns as	(2) HAY 17
	Name of Registered Agent	nereoy resigns as	$\overline{\Box}$
Registered Agent for	Proverbs Two LLC		=
	M		٠.٠ ت
	Name of Limited Liability Company		
L18000208106			
Document N	Jumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability of	company at its last know	n address.
The agency is terminat	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this si	tatement is filed.
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		

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