# 418000218055

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 365 Summer Enterprises LLC  Name of Limited Liability Company
DOCUMENT NUMBER: L18000218055
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
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:
Name of Person at ( 800 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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

United States Co.	rporation Agents, Inc.	, hereby resigns as	2521 JUN
	Name of Registered Agent	r neveo, realgila da	1
Registered Agent for	365 Summer Enterprises LLC		
	Name of Limited Liability Company		- : -
L18000218055			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liabilit		
A copy of this resigna		ter the date on which this	
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liabilit ted and the office discontinued on the 31st day af Signature of Resigning Agent	ter the date on which this	
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liabilit ted and the office discontinued on the 31st day af Signature of Resigning Agent	ter the date on which this	
A copy of this resigna	tion was mailed to the above listed limited liabilit ted and the office discontinued on the 31st day af Signature of Resigning Agent an entity:	ter the date on which this	

FILING FEES:

Capacity

\$ 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