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(Re	questor's Name)	
(Ad	dress)	
/A.I		
(Adi	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Platinum ATMs LLC Name of Limited Liability Company
DOCUMENT NUMBER: L18000227574
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 (Name 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the under	rsigned.	
United States Corporation Agents, Inc.		, hereby resigns as	resigns as	
Name of Registered Agent . Hereby res				
Registered Agent for P	latinum ATMs LL	.C		
	Name of Lin	nited Liability Company		·
L18000227574				
Document Nu	imber, it known			
A copy of this resignation	on was mailed to the a	above listed limited liability (company at its last known	address.
The agency is terminated	d and the office disco	ontinued on the 31st day after Signature of Resigning Agent	the date on which this sta	atement is filed.
If signing on behalf of a	n entity:			
Cheyenne Moseley				~ ·
		yped or Printed Name United States Corporation Age	ents, Inc.	
	•	Capacity		_
				 :
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany d/ voluntarily dissolved/ tv company	£: 05

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