118000240784

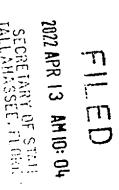
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
	AIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status _					
Special Instructions to Filing Officer: J. HORNE MAY 23 2024					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUB	JECT:
	Name of Limited Liability Company
DOC	UMENT NUMBER: L18000240784
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ling.
Pleas	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	alzoom.com, Inc.
	Name of Firm/Company
9900) Spectrum Dr.
	Address
Aust	tin, TX 78717
	City/State and Zip Code
rares	signations@legalzoom.com
I	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	Name of Person at (Name Of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the unders	signed.			
United States Corporation Agents, Inc.		hereby resigns as	۶ω	20	
Name of Registered Agent , hereby		nercoy resigns as	ECRE	121	
Registered Agent for G	et Air Deltona LLC		XHX:	2022 APR	
			RY I	ယ	
	Name of Limited Liability Company			MH 10: 04	
L18000240784				. Q	
Document Nu	mber, if known		•	-	
	n was mailed to the above listed limited liability of and the office discontinued on the 31st day after the Signature of Resigning Agent				filed.
If signing on behalf of an	entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Ager	nts, Inc.			
	Capacity				

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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