# L18000247057

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### COVER LETTER

Division of Corporations

SUBJECT: Cobblestone Vacations LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000247057

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

9900 Spectrum Dr.

Address

Austin, TX 78717

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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)

TO:

Registration Section

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the unders	igned.
United States Cor	nereby resigns as	
Name of Registered Agent		icreby resigns as
Registered Agent for _	Cobblestone Vacations LLC	
	Name of Limited Liability Company	<del></del> ,
L18000247057		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after t	he date on which this statement is filed.
	au	
	Signature of Resigning Agent	202
If signing on behalf of an entity:		2023 OCT 31
	Cheyenne Moseley	<i>⊣</i> ω
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	ots, Inc.
	Capacity	7: 51

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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