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COVER LETTER

Name of Limited Lia	bility Company
DOCUMENT NUMBER: L18000254723	
The enclosed Resignation of Registered Agent for a Li for filing.	nited Liability Company and fee are submitted
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 notificat	on)
For further information concerning this matter, please of	all:
800	773-0888 x395
Name of Person Area (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 u	indersigned.	
United States Corporation Agents, Inc.		_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Somewhere in Paradise LLC		
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
L18000254723			
Document 8	Sumber, if known		
_	ion was mailed to the above listed limited liabi		
	ed and the office discontinued on the 31st day Signature of Resigning Ag		
If signing on behalf of	an entity:	20 SLI ALL	
	Cheyenne Moseley	er 🔎	
Typed or Printed Name		- VAN T	
	Asst. Secretary for United States Corporation		
	Capacity	AMIL: 30	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively diss	db .	

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

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company