## L18 000 2 W6 178

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:			
Name of Limited	Liability Company		
DOCUMENT NUMBER: L18000266178			
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted		
Please return all correspondence concerning this ma	itter to the following:		
United States Corporation Agents, Inc.			
Name of Person	<del></del>		
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address	<del></del>		
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notif	fication)		
For further information concerning this matter, plea	ise call:		
Janna Pantojaat (	00 \ 773-0888 x3950		
Name of Person A	rea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the un	dersigned,		
United States Corporation Agents, Inc, hereby resign					
	Name of Registered Agen	1			
Registered Agent for S	hady Properties L	LC		<del></del>	
	Name of Lim	ited Liability Company		,	
L18000266178					
Document No	umber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liabili	ity company at its last known :	address.	
		Signature of Resigning Ager	fter the date on which this state		
If signing on behalf of a	nn entity:			~	_
	Cheyenne Moseley		2020 APR	14 S	
	<u> </u>	yped or Printed Name		A.P.R	35 23
	Asst. Secretary for U	Inited States Corporation	Agents, Inc.	20	(5) (7) (7) (5) (7)
		Capacity		) PH 5: 05	でで、 開催行 できる。
	FILING \$ 85.00 \$ 25.00	Active limited liability	company olved/voluntarily dissolved/	05	٠.

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

withdrawn limited liability company