L18000275502

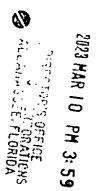
(Requestor's Name)	 			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	rs			
Special Instructions to Filing Officer:				
J. HORNA				
MAR 13 ARS				

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 538309 8347462
AUTHORIZATION : Synthetic Man
COST LIMIT : \$ 85.00
ORDER DATE: March 1, 2023
ORDER TIME: 1:0 PM
ORDER NO. : 538309-095
CUSTOMER NO: 8347462
RESIGNATION OF AGENT
NAME: 8910 LARGO, LLC
XX RESIGNATION OF AGENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the und	lersigned.	
CORPORATION SERV	VICE COMPANY	_ , hereby resigns as	20 Si M(
	Name of Registered Agent		737 1728
Registered Agent for 8910 Large	8910 Largo, LLC		
			10
	Name of Limited Liability Company		
L18000275502			MIII: 23
Document (Number, if known		
	tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day aft		
The agency is termina	Aluxing Welland-Sorenson, AVP Signature of Resigning Agent		s statement is med.
If signing on behalf of	an entity:		
	BY ALEXXIS WEILAND-SORENSON		
	Typed or Printed Name ASSISTANT VICE PRESIDENT		
	Canacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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