W8000276623

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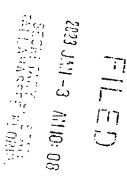
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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

December 22, 2022

AE:

Cori Ann Crosthwaite

Vendor#

1960

(Email:

ccrosthwaite@myparacorp.com

1900

Ref Number:

1896682

TO:

Florida Department of State Division of Corporations PO Box 6327

Tallal and Corporations i

Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

NAME:

248 PIEDMONT LLC

FILE REGISTERED AGENT RESIGNATION

State

County

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned,	
ROCKET LAWYER CO	ORPORATE SERVICES LLC	hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	248 PIEDMONT LLC		<u>-</u>
	Name of Limited Liability Company		,
L18000276623	Jumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liab	pility company at its last known addr	ress.
The agency is terminat	ed and the office discontinued on the 31st day	after the date on which this stateme	ent is filed.
	Signature of Resigning A	gent Section 1975	2023 JAN -
If signing on behalf of an entity:		n: n:	
	EDNA PERRY	n.	AMD: 08
	Typed or Printed Name		
	Asst. Secretary Rocket Lawyer Corporate Serv	vices LLC	33.
	Capacity	•	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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