118000281623

(Ke	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(55	omore Emily Han	,
	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u>.</u>
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Office Use Only



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R. WHITE MAR 2 3 2021

COVER LETTER

SUBJECT: cold case installations lic	
Name	of Limited Liability Company
DOCUMENT NUMBER: L180002816	623
The enclosed Resignation of Registered after filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to the following:
United States Corporation Agents, In	OC.
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 annua	al report notification)
For further information concerning this r	matter, please call:
	at (800) 773-0888 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

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 provisions of section 605.0115, Florida S	tatutes, the undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for cold case installations llc	
Name of Limited Liability	Company
L18000281623	
Document Number, if known	
A copy of this resignation was mailed to the above listed	l limited liability company at its last known address.
Cl	the 31st day after the date on which this statement is filed. TResigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United State	es Corporation Agents, Inc.
Capacity	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00