L19000009725

(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Registration Section	
Division of Corporations	·
SUBJECT: Falcon Nest Propert	ies LLC ed Liability Company
	ed Liability Company
DOCUMENT NUMBER: L19000009725	
The enclosed Resignation of Registered Agent fo for filing.	r a Limited 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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, pl	ease call:
at (800 773-0888
Name of Person	Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** 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 provision	ons of section 605.0115, F	florida Statutes, the unde	rsigned,			
United States Corp	poration Agents, Inc.		, hereby resigns as			
Name of Registered Agent		. Hereby resigns as				
Registered Agent for _	alcon Nest Propertie	s LLC				
	Name of Limited	Liability Company		<u> </u>	,	
L19000009725						
Document N	umber, if known	_				
	on was mailed to the aboved and the office discontin					
		Trautlain gnature of Resigning Agent				
lf signing on behalf of a	in entity:			(To	20	
	Erik Treutlein			ברי ברי אר	2024 JUN 14	-11
	Typed	or Printed Name		AHASS	Z	
	Vice President for United States Corporation Agents,		ents, Inc.	3SS Yet	F	
		Capacity		E. FLOR	AM 8: 1	
	\$ 25.00 A	ES: ctive limited liability co dministratively dissolve /ithdrawn limited liabilit	d/ voluntarily disso	DIVED/	19	

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