# L14000027091

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16, 10/31/20

#### **COVER LETTER**

Division of Corporations	
SUBJECT: POWDER MIAMI LLC	
Name of Limited Liability C	ompany
DOCUMENT NUMBER: L19000027091	
The enclosed Resignation of Registered Agent for a Limited L for filing.	iability 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	
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 annual report notification)	
For further information concerning this matter, please call:	
n1 /	73-0888 x7789
Name of Person Area Code 1	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	rs of section 605.0115	, Florida Statutes, the unders	igned.			
United States Corpo	oration Agents, Inc	<b>.</b>	hereby resigns as			
	Name of Registered Agent					
Registered Agent for Po	OWDER MIAMI LL	.C				
·	Name of Limit	ed Liability Company			<del></del> ·	
L19000027091						
Document Nu	mber, if known	<u> </u>				
A copy of this resignatio	on was mailed to the ab	oove listed limited liability co	ompany at its last ki	nown ado	dress.	
The agency is terminated  If signing on behalf of an		Signature of Resigning Agent	he date on which th	nis staten	ient is	filed.
	Cheyenne Mosel	еу				
	Ту	ped or Printed Name				
	Asst. Secretary for Ur	nited States Corporation Ager	nts, Inc.	•.•.	2	
	FILING F \$ 85.00 \$ 25.00	Capacity  FEES:  Active limited liability con Administratively dissolved withdrawn limited liability	/ˈvoluntarily dissol	TALLAHASSEE, FL	2020 SEP 28 AM 9: 44	

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