L190000 29748

(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ác	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200346370492

06/15/20--01047--025 **25.08



JUL 0 8 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Paul's Palz LLC			
DOCUMENT NUMBER: L19000029	of Limited Liability Company 748		
The enclosed Resignation of Registered for 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, Ir	IC.		
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company	<u>y</u>		
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	natter, please call:		
Janna Pantoja	800 773-0888 x3950		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department of State for \$85.00 for an active limited histratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the under	signed,	
United States Corporation Agents, Inc. , hereby		hereby resigns as	
		neredy resigns as	
Registered Agent for	aul's Palz LLC		
	Name of Limited Liability Company		•
L19000029748			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability o	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement is	
If signing on behalf of an entity:			
	Cheyenne Moseley	5	
	Typed or Printed Name		,
	Asst. Secretary for United States Corporation Age	ents, Inc.	4.40
	Capacity		

FILING FEES: \$85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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