# L19000037402

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:  Name of Limited Liability Company
DOCUMENT NUMBER: L19000037402
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
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:
Name of Person at (800 ) 773-0888 x7789  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	is of section 605.0115, Florida S	tatutes, the undersigned,			
United States Corporation Agents, Inc.		, hereby res	hereby resigns as		
Name of Registered Agent					
Registered Agent for P	OP JR. LLC				
	Name of Limited Liability	Company	<del></del>		
	Name of Limited Glabinty	Company			
L19000037402					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the above listed	limited liability company at	its last known ad	dress.	
The agency is terminated	I and the office discontinued on	the 31st day after the date on	which this stater	nent is	i filed.
	Signature of	Resigning Agent			
If signing on behalf of a	n entity:		;	202	
	Cheyenne Moseley			2020 SEP 28	*!**
	Typed or Prime	d Name	àE.	P 2	445-45.7 1 44-45
	Asst. Secretary for United State	s Corporation Agents, Inc.	ASSE		يا برجيني
	Capacity		100 100 100 100	=	g
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	\$ 25.00 Administ	mited liability company ratively dissolved/voluntari vn limited liability company			

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