L19000048837

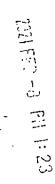
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	- #N		
(Cir	grotato/21pm none	~ " !		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
octanics copies		or clates		
Special Instructions to Filing Officer:				

Office Use Only



800359271958

02/08/21--01012--013 **25.00



COVER LETTER

TO: Registration Section - Division of Corporations	2		
SUBJECT: Altravez LLC			
Name of Lin	nited Liability Company		
DOCUMENT NUMBER: L19000277942			
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning thi	is 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	t notification)		
For further information concerning this matter,	please call:		
_	, 800		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	la Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

1NHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	i, Florida Statutes, the undersigned		
United States Corp	ooration Agents, In	C. hereb	y resigns as	
	Name of Registered Ager		, 100,51.0 (0	
Registered Agent for A	Altravez LLC			
	·			
	Name of Lim	ted Liability Company		
L19000277942				
Document N	umber, if known			
A copy of this resignati	ion was mailed to the a	bove listed limited liability compa	nv at its last known a	ddress.
The agency is terminate	ed and the office disco	ntinued on the 31st day after the da	te on which this state	ment is filed.
		Signature of Resigning Agent		
If signing on behalf of a	an entity:			
	Cheyenne Mose	ley		
	<u>- 7</u>	ped or Printed Name	_	
	Asst. Secretary for L	nited States Corporation Agents, In	iC.	
		Capacity		
				202
	FILING			
	\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluments withdrawn limited liability com	antarily dissolved/	2021 FET d
			,	를 규
	Make checks payat	le to Florida Department of State an Division of Corporations P.O. Box 6327	ıd mail to:	1: 23

Tallahassee, FL 32314