1190000 48839

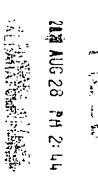
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (====================================== |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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08/28/19--01015--026 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NEW BEGINNINGS DRYWALL FINISHING & PAINT LLC

Name of Limited Liability Company

No 20 March

| DOCUMENT N | UMBER: | L19000048839 |
|------------|--------|--------------|
|------------|--------|--------------|

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 repo | ort notification) | |
| For further information concerning this matte | r, please call: | |
| Kasandra Lund | at (1 800 |) 773-0888 x3951 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.011: | 5. Florida Statutes, the undersig | ned, | |
|--|-----------------------------------|---------------------|--|
| United States Corporation Agents, Inc. | | , hereby resigns as | |
| Name of Registered Ager | | | |
| Name of Limi | ted Liability Company | | |
| L19000048839 | | | |
| Document Number, if known | | | |
| A copy of this resignation was mailed to the a | | | |
| | Anguature of Resigning Agent | | |
| If signing on behalf of an entity: | | | |
| Cheyenne Mose | ley | | |
| | eped or Printed Name | | |
| Asst. Secretary for U | nited States Corporation Agents, | Inc. | |
| | Capacity | | |

FILING FEES: \$ 85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ \$ 25.00 withdrawn limited liability company

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