1190000 Co7497

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800346365578

08/17/20--01015--015 **25.00

222 (117 51 3:04

R WHITE
JUL 21 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sanna properties LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000067497	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e 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:	
Janna Pantoja 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Flor	rida Statutes, the undersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		hereby resig	, hereby resigns as	
		, nereby resig		
Registered Agent for Sa	anna properties LLC			
	Name of Limited Lia	ibility Company	· · · · · · · · · · · · · · · · · · ·	
L19000067497				
Document Nu	mber, if known			
A copy of this resignatio	n was mailed to the above	listed limited liability company at it	s last known address.	
The agency is terminated	l and the office discontinue	ed on the 31st day after the date on v	which this statement is filed.	
	Signa	dure of Resigning Agent		
If signing on behalf of ar	ı entity:			
Cheyenne Moseley		52 1. 1		
	Typed or	Printed Name	• =	
	Asst. Secretary for United	States Corporation Agents, Inc.		
	Сар	acity		
			•	
			çş	
	FILING FEES			
	\$ 25.00 Adr	ve limited liability company ninistratively dissolved/ voluntarily hdrawn limited liability company		

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