L19000083230

(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:	
Special instructions to 1 ling Officer.	

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COVER LETTER

SUBJECT: SUPERIOR BUSINESS ADVISORS LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000083230 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	e undersigned.
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for SUPERIOR BUSINESS ADVISORS	LLC
Name of Limited Liability Company	·
L19000083230	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lic The agency is terminated and the office discontinued on the elst da	
Signature of Resigning	Agent
If signing on behalf of an entity:	 ح منز
Cheyenne Moseley	Agent 2071 JAH 25
Typed or Printed Name	
Asst. Secretary for United States Corporate	ation Agents, Inc.
Capacity	<u> </u>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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