L19 000 112349

(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:

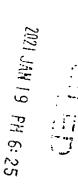




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FEB 2 6 2021 S. YOUNG



COVER LETTER

SUBJECT: Soleya Enterprises, LLC Name		
Name	of Limited Liabilit	y Company
DOCUMENT NUMBER: L190001123	365 	
The enclosed Resignation of Registered <i>F</i> for filing.	Ngent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerni	ing this matter to t	he following:
United States Corporation Agents, In	C.	
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 annua	I report notification)	_
For further information concerning this m	natter, please call:	
	800	773-0888
Name of Person	at (<u> </u>	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 ϵ	505.0115, Florida Statute	s, the undersigned.			
United States Corporation Age	ents, Inc.	, hereby resigns as			
Name of Regist	ered Agent	, nereby resigns as	thereby resigns as		
Registered Agent for Soleya Enter	prises, LLC				
Nan	ne of Limited Liability Compa	ny	 -		
L19000112365					
Document Number, if known					
A copy of this resignation was mailed	to the above listed limite	d liability company at its last l	tnown address.		
The agency is terminated and the offic	re discontinued on the 31:	st day after the date on which t	this statement is filed.		
	Signature of Resign	ing Agent			
If signing on behalf of an entity:					
Cheyenne	Moseley		292		
	Typed or Printed Name		2021 JAN 19		
Assl. Secreta	ary for United States Corp	oration Agents, Inc.			
	Cupacity		<u>ب</u> م		
			<u> </u>		
			· 60		
\$ 3	LING FEES: 85.00 Active limited 25.00 Administrative withdrawn limi	iability company y dissolved/ voluntarily disso ited liability company	2 5 lved/		

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