219000118239

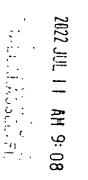
(Requ	uestor's Name)	
(Addr	ess)		
(Addr	ess)		
(City/	State/Zip/Phor	ne #)	
PICK-UP	MAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			

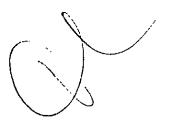
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: Ryan's Property Maintenance LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L19000118239		
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 the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		2027
Name of Firm/Company		= "
9900 Spectrum Dr.		
Address	Cox	
Austin, TX 78717		2022 JUL 11 AH 9: 08
City/State and Zip Code	•	8
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)	,	
For further information concerning this matter, please call:		
800 at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as	
	Name of Limited Liability Company	·	
L19000118239			
Document N	fumber, if known		
	ion was mailed to the above listed limited liability co ed and the office discontinued on the 31st day after t		
-	Signature of Resigning Agent	2022 JUL	
If signing on behalf of an entity:		ာ — ↓ တွင် သွင ှာ [∏	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity		

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