119000139272

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

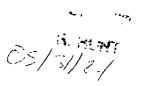
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COVER LETTER

TO: Registration Section Division of Corporations

*

SUBJECT: Relax Investment Propert		
Name of Limited Liability	Company	_
DOCUMENT NUMBER: L19000139272		_
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee a	tre submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	-	
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		: 3
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115. Florida Statutes, the undersi	gned,
United States Co.	rporation Agents, Inc.	nereby resigns as
	Name of Registered Agent	
Registered Agent for	Relax Investment Properties LLC	
	Name of Limited Liability Company	·
L19000139272		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.
The agency is termina	ated and the office discontinued on the 31st day after t	he date on which this statement is filed.
	Cu	
	Signature of Resigning Agent	
If signing on behalf o	f an entity:	
	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