L19000154225

(Re	questor's Name)	***			
(Ad	dress)				
DA)	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations

Company
·
Liability Company and fee are submitted
ne following:
773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0113	5, Florida Statutes, the unders	signed,			
United States Corporation Agents, Inc.		hereby resigns as				
Name of Registered Agent						
Registered Agent for	Sambler 500 Florid	a LLC				
	Name of Lim	ited Liability Company				_,
L19000154225						
Document N	umber, if known					
A copy of this resignati	on was mailed to the a	bove listed limited liability co	ompany at its last k	nown add	dress	
The agency is terminate	ed and the office discor	ntinued on the 31st day after	the date on which th	his staten	nent	is filed
	Crik	Treutlein				
		Signature of Resigning Agent				
If signing on behalf of a	an entity:		=		2	
	Erik Treutlein		ŗ	- <u> </u>	11 1 2Q	
	Ty	yped or Printed Name		£. 6	=	: :
	Vice President on behal	f of United States Corporation Ag	ents, Inc.	25. 2	သူ	-
		Capacity	ī		2	
			<u>, </u>	<u></u>	PM L: 05	
		222		WIT AND SEE, FLORIDA	25	
	<u>FILING</u> \$ 85.00	Active limited liability cor	npany			
	\$ 25.00	Administratively dissolved withdrawn limited liability	I/ voluntarily dissol	ived/		

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