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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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RARES

COVER LETTER

SUBJECT: THREE AVOCADOS TECHNOLOGY LLC Name of Limited Liability Company					
DOCUMENT NUMBER: L19000157603					
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:					
To further information concerning this matter, please cair.					
<u>Kasandra Lund</u> at (1 800) 773-0888 x 3951					
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.01	15, Florida Statutes, the undersigne	ed,	
United States Cor	, hereby resigns as			
	_ (
Registered Agent for_	THREE AVOCADO	S TECHNOLOGY LLC		
	Name of Lin	nited Liability Company		 ·
L19000157603				
Document ?	Number, if known			
A copy of this resigna	tion was mailed to the	above listed limited liability comp	oany at its last known ac	ldress.
The accuracy is terminat	ad and the affice disper	ntinued on the 31st day after the date	an which this statement	io filod
		Signature of Resigning Agent		
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	1	yped or Printed Name	_	
	Asst. Secretary for l	United States Corporation Agents, Inc	<u>.</u>	ა ი
		Capacity	ECRE	. ''
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volu withdrawn limited liability cor	SECREDIAN 14 PM 5: 38 SECREDIAN 14 PM 5: 38 ALL AHASSEE 1960	П

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