# 119000 161583

(Requestor's Name)				
(Ad	dress)			
·	•			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ma)		
Dd)	Silless Elluty Nat	ne,		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
	_			
Special Instructions to	Filing Officer:			
		<del>.</del>		

Office Use Only



300370011013

#\$25,00 \*\*25,00

150x/01/80

PILED

2021 JUL 15 AM 1: 53

SECRETARY OF STATE

#### **COVER LETTER**

<del>-</del>	Company
DOCUMENT NUMBER: L19000161583	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
800	<b>773-0888</b>
Name of Person Area Code	773-0888 Daytime Telephone Number

### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisio	ns of section 605.0115, Florida Statutes, the	undersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, nercoy resigns as	
Registered Agent for B	A Savage Group LLC		
	Name of Limited Liability Company		·
L19000161583			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited lia	bility company at its last know	n address.
The agency is terminate	d and the office discontinued on the 31st day	y after the date on which this s	tatement is filed.
	Signature of Resigning A	gent	1021 T
If signing on behalf of a	n entity:	•	路上
	Cheyenne Moseley		弱可同
	Typed or Printed Name	<del></del>	THE PARTY OF THE P
	Asst. Secretary for United States Corporation	on Agents, Inc.	70
	Capacity	<del>_</del>	53

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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