L19000171332

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Dusiness Chity Walle)							
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	JECT: SEALEY AGRONOMIC SOL		
		Limited Liability	Company
DOC	UMENT NUMBER: L19000171332	<u>. </u>	
The enfor fil	nclosed Resignation of Registered Age ling.	ent for a Limited	I Liability Company and fee are submitted
Pleaso	e return all correspondence concerning	this matter to t	he following:
Unite	ed States Corporation Agents, Inc.		
	Name of Person		-
Lega	ilZoom.com, Inc.		
	Name of Firm/Company		
101 N	North Brand Blvd. 11th Floor		
	Address		
Glend	dale, CA 91203		
	City/State and Zip Code	·	
rares	ignations@legalzoom.com		
E-	-mail address: (to be used for future annual rep	ort notification)	
For fu	orther information concerning this matte	er, please call:	
Joyce	e Yi	800	773-0888 x7789 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
1141171111	sed is a check made payable to the Flor ty company or \$25.00 for an administra ty company.	rida Departmen ntively dissolve	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limite

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 provisio	ns of section 605.0115	5. Florida Statutes, the und	ersigned.			
United States Corporation Agents, Inc. hereby resigns						
Name of Registered Agent						
Registered Agent for S	EALEY AGRONO	MIC SOLUTIONS LL	0			
						
	Name of Limi	ited Liability Company				
L19000171332						
Document Ni	ımber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last kn	iown addi	ress.	
The agency is terminate	d and the office discor	ntinued on the 31st day afte	er the date on which th	is stateme	ent is f	iled.
		Mignature of Resigning Agent				
If signing on behalf of a	n entity:			: - . ·	202	
	Cheyenne Mosel	ley			2020 SEP	ودوره د
	Ty	ped or Printed Name		55	P	direna
	Asst. Secretary for U	nited States Corporation A	gents, Inc.	35 ×	28	1
		Capacity	 .	SEE		Contract Con
				STATE	10:11 HA	Ü
	FILING § 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	/ed/ voluntarily dissolv	ved/		

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

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