49000 145215

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;





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JUL 1 . 2020

J. 15 1: 9:20

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT:			
Name of Limited	Liability Company		
DOCUMENT NUMBER: L19000195275			
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this m	atter 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 not	fication)		
For further information concerning this matter, ple	ase call:		
Janna Pantoja 8	00 773-0888 x3950		
Name of Person A	rea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisior	s of section 605.0115, F	lorida Statutes, the undersi	gned,	
United States Corpo	oration Agents, Inc.	. }	nereby resigns as	
Name of Registered Agent		, ,		
Registered Agent for $\frac{1 \text{ V}}{2}$	Vash Homes LLC			_
				_,
	Name of Limited	Liability Company		
L19000195275				
Document Nu	mber, if known	_		
A copy of this resignatio	n was mailed to the abov	e listed limited liability co	mpany at its last known address	š.
The agency is terminated	$\mathcal{C}_{\mathcal{L}}$	ued on the 31st day after t	he date on which this statement	is filed.
If signing on behalf of ar	n entity:			7:17
	Cheyenne Moseley			
	Typed	or Printed Name		
Asst. Secretary for United States Corporation Agents, Inc.		its, Inc.	-7 -	
	(Capacity		•
			9: 2 <u>0</u>) ;
	FILING FE \$ 85.00 A \$ 25.00 A	ES: ctive limited liability con dministratively dissolved vithdrawn limited liability	npany / voluntarily dissolved/	

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