L19000217686

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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10/03/24--01019--023 **85.00

2024 OCT -3 PH 4: 43
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
Full Circle Development LLC SUBJECT:	ne of Limited Liability	Company
	•	Company
DOCUMENT NUMBER: L1900021768		
The enclosed Resignation of Registered for filing.	Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concer	ning this matter to t	he following:
Cory Betts		
Name of Person		-
ZenBusiness Inc.		
Name of Firm/Compar	ny	-
336 E. College Ave., Suite 301		
Address		-
Tallahassee, FL 32301		
City/State and Zip Cod	le	-
ra@zenbusiness.com		
E-mail address: (to be used for future annual	ual report notification)	-
For further information concerning this	matter, please call:	
Cory Betts	844 at (493-6249
Name of Person	Area Code	Daytime Telephone Number
Cory Betts	at (⁸⁴⁴ Area Code	Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Sections
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite-810
Tollahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Flo	rida Statutes, the undersigned,
ZenBusiness Inc.		hereby resigns as
	Name of Registered Agent	
Registered Agent for	Full Circle Development LLC	
	Name of Limited Li	ability Company
1.19000217686		
Document l	Number, if known	
A copy of this resignate	tion was mailed to the above	listed limited liability company at its last known address.
The agency is termina	ted and the office discontinue	ed on the 31st day after the date on which this statement is filed.
	Ward Alexander	ture of Resigning Agent
If signing on behalf of	an entity:	
	ZenBusiness Inc. by Khadij	eh Hemmati
	Typed o	Printed Name
	Secretary	
	Са	pacity

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

Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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SECLETARY OF STATE
TALLAHASSEE, FL