L19000222892

(Rec	uestor's Name)		
,	,		
(Add	lress)		
(Add	lress)		
(City	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nar	me)	
(Doc	ument Number)		
Certified Copies Certificates of Status			
Special Instructions to F	Filing Officer:		





100355250381

.11/28/28 - 91916 - 999 - **25.66

11/20/20--01016--009 **85.00

2020 HOY 20 PH 4: 22

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fulcher Webb, LLC Name of Limited Liability	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L19000222892	
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 t	he 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:	
800	773-0888
Name of Person Area Code	773-0888 Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmer liability company or \$25.00 for an administratively dissolve liability company.	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limite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 provision	ns of section 605.0115. Florida Statutes, the undersi	igned,			
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Agent				
Registered Agent for Ft	ulcher Webb, LLC				
	Name of Limited Liability Company				•
L19000222892					
Document Nu	mber, if known				
-	d and the office discontinued on the 31st day after the Signature of Resigning Agent			ment is	i filed.
If signing on behalf of a	n entity:		_	1020	
	Cheyenne Moseley		· .	0.7	
	Typed or Printed Name		: > [20	-
	Asst. Secretary for United States Corporation Agen	its, Inc.	<u> </u>	70	\$ 0 () CE3
	Capacity		E PE	2820 HOV 20 PH 4: 22	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

• • • •