# L19000299931

(Requestor's Name)		
(Address)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u>_</u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Ellity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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19H 12 2021 S. YOUNG

### **COVER LETTER**

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### 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 provis	ions of section 605.0115, Florida Statutes, the unders	signed.	
United States Corporation Agents, Inc. , he			
		hereby resigns as	
Registered Agent for	Payne L. Properties LLC		
	Name of Limited Liability Company		
L19000299931			
Document ?	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after t	the date on which this statement is filed	
	Signature of Resigning Agent	7623 NOV	
If signing on behalf of an entity:			
	Cheyenne Moseley	3 30	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen	nts, Inc.	
	Capacity	<del></del> 59	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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