120000000 3490

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 imig Officer.

Office Use Only



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09/28/20--01014--012 **25.00

2020 SEP 28 PH 12: 27

10/10/21/20

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SPACE COAST LLC				
Name of Lin	nited Liability	Company		
DOCUMENT NUMBER: L20000003490				
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning thi	s matter to th	e 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:			
Joyce Yi	, 800	773-0888 x7789		
Name of Person	Area Code) Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	n Department rely dissolve	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	2			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314				
Furture Court Land 13	reduite Center Cher			

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unde	rsigned.		
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as		
Registered Agent for	SPACE COAST LLC			
	Name of Limited Liability Company			
L20000003490				
Document N	lumber, if known			
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last known ad	dress.	
The agency is terminate	ed and the office discontinued on the 31st day afte	r the date on which this stater	nent is	filed.
	Signature of Resigning Agent		20	
If signing on behalf of	an entity:	当	2020 SEP 28	77 (~)
	Cheyenne Moseley		딘) g rasserr
	Typed or Printed Name	—— IAS	ဆိ	i.
	Asst. Secretary for United States Corporation Ag	ents, Inc.	P	
	Capacity	E. FL	PH 12: 27	

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