L20000039748

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

SUBJECT: Allen Green Enterprises LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000039748 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter 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 notification) For further information concerning this matter, please call: Jazmine Johnson Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

TO: Registration Section

Division of Corporations

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

FILED

STATEMENT OF RESIGNATION OF REGIMED AGENT FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ns of section 605.0115, Fl	orida Statutes, the under	signed.
United States Corporation Agents, Inc.			hereby resigns as
	Name of Registered Agent		
Registered Agent for A	llen Green Enterprise	es LLC	
	Name of Limited	Liability Company	· · · · · · · · · · · · · · · · · · ·
L20000039748			
Document N	umber, if known	-	
A copy of this resignati	on was mailed to the abov	e listed limited liability c	company at its last known address.
The agency is terminate	ed and the office discontin	ued on the 31st day after	the date on which this statement is filed.
	Clu		
	Sig	nature of Resigning Agent	
If signing on behalf of a	nn entity:		
	Cheyenne Moseley		
	Typed	or Printed Name	
	Asst. Secretary for Unite	d States Corporation Age	ents, Inc.
		apacity	

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

Active limited liability company

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi