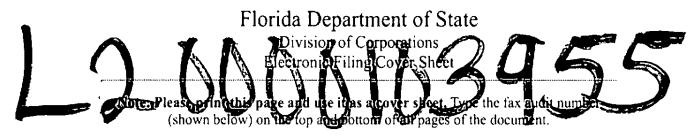
Division of Corporations



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H240002075463ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT RESIGNATION 0609 LLC

Certificate of Status	0
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M. SOLOMON

JUN 14 2024

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H24000207546 3

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 0609 LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L20000103955		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	: submitte	d
Please return all correspondence concerning this matter to the following:		
Jessica Wittry		
Name of Person		
Registered Agent Solutions, Inc.		
Name of Firm/Company		
Corporate Center One, 5301 Southwest Parkway, Suite 400	22	-7
Address	: =	
Aùstin, Texas 78735	~ -	
City/State and Zip Code	77 72 73 73 73 73	: ,,
	ده	
E-mail address: (to be used for future annual report notification)	157	(3) 3
For further information concerning this matter, please call:		-;
Jessica Wittry at (888) 705-7274		
Name of Person Area Code Daytime Telephone Number		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the undersigned,		
BLUMBERGEXCELSIOR CORPORA	ATE SERVICES, INC. , hereby resigns as		
Name of Registered Agen			
Registered Agent for 0609 LLC			
Name of Lim	ted Liability Company	,	
L20000103955			
Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability company at its last known	ı address.	
- '	ntinued on the 31st day after the date on which this standard of Resigning Agent	atement is filed	d.
0	Signature of Resigning Agent		
If signing on behalf of an entity:		50	
Mary Brooks			.: - -
	oped or Printed Name SEXCELSIOR CORPORATE SERVICES, INC.		; :;
-	Capacity		10 A 37
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	P!! 12: 26	HAIAI

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

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