

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L2000003955

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H240002075463ABC/

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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
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

JUN 14 2024

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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 submitted for filing.

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
Address

Austin, Texas 78735
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

24 JUN 2024 PM 12:26
REGISTRATION SECTION
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for 0609 LLC

Name of Limited Liability Company

L20000103955

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Mary Brooks

Signature of Resigning Agent

If signing on behalf of an entity:

Mary Brooks

Typed or Printed Name

Assistant Secretary, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Capacity

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

24 JUN 14 PM 12:26
FLORIDA DEPARTMENT OF STATE