h20000126928

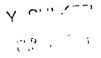
(Re	equestor's Name)		
- (Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	_		

Office Use Only



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MISES AND STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Family Tree Consignments Limited Liability	•
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000126928	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	•
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
800 at (773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the unders	signed,
United States Corporation Agents, Inc hereby res		harahy raciane ac
		nereby resigns as
Registered Agent for	Family Tree Consignments Limited Liability	Company
	Name of Limited Liability Company	
L20000126928		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability c	ompany at its last known address.
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement is filed.
		_
	Signature of Resigning Agent	7.01
If signing on behalf of an entity:		2021 SE
Cheyenne Moseley		The state of the s
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	I: I
		· E -

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