## L20000177416

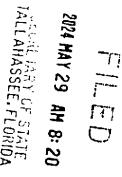
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Base Lifestyle Rentals L.L	C.
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000177416	
The enclosed Resignation of Registered Agent for a Limited for filing.	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:	
at ( 800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the unde	ersigned.	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	. Hereby resigns as	
Registered Agent for _	Base Lifestyle Rentals L.L.C.		
	Name of Limited Liability Company		
L20000177416			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day afte	er the date on which this statement is	filed.
	Signature of Resigning Agent	7ĀĽ	
If signing on behalf of	an entity:	2024 MAY 29 TÄLLÄHASS	71
	Cheyenne Moseley	29 ASS	-
	Typed or Printed Name	mo R	П
	Asst. Secretary for United States Corporation Ag		U
	Capacity	8: 20 STATE LORIDA	

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