# L20000177925

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Copesial menusions to 1 mag 5 mass.

Office Use Only



200404964892

2023 HAR 23 AM II: 19

Ra Rosianation

JUN 02 2023

D CUSHING

## **COVER LETTER**

SUBJECT: Marsalannah LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000177925

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

9900 Spectrum Dr.

Address

For further information concerning this matter, please call:

at ( 800 ) 773-0888 | Name of Person | Area Code | Daytime Telephone Number

City/State and Zip Code

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Austin, TX 78717

raresignations@legalzoom.com

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

TO:

Registration Section Division of Corporations

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

Pursuant to the provisio	ns of section 605.011	<ol><li>Florida Statutes, the unders</li></ol>	signed,			
United States Corporation Agents, Inc hereby resigns						
Registered Agent for M	larsalannah LLC					
	Name of Lim	ited Liability Company			·	
L20000177925						
Document Nu	mber, if known	<del></del>				
A copy of this resignation	on was mailed to the a	bove listed limited liability co	ompany at its last k	nown add	ress.	
The agency is terminated	d and the office discor	ntinued on the 31st day after t	he date on which th	his statem	ent is f	iled.
If signing on behalf of a	n entity;				20:	
Cheyenne Moseley				- 7	2023 NAS	<u>-</u>
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.			<del> </del>	- 1	25	t j
			its, Inc.	,	23	, g
		Capacity		1	ĀK II:	
	FILING 3 \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	apany Voluntarily dissol Company	( ) i	<u></u>	

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