L20 000 186 835

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
		MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
		2 0
	Office Use On	IV $ID A / I$
	Office Use Ón	in hit
	Office Use On	in hit
	Office Use On	in hit
	Office Use On	in Juff



× 10/13/22--01007--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Chesapeake Sunset Properties LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 20000186835

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.				
A	ddress			_
Austin, TX 78717			22 001	Strib of
City/State	and Zip Code			923 0-
raresignations@legalzoc	om.com		13 1	
E-mail address: (to be used	for future annual report notification)		3 HY	
For further information con	cerning this matter, please call:		8: 01	
	800 at (773-0888		*
Name of Per		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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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 provisions of section 605 0115 Florida Statutes, the undersigned

•

r distant to the provisio	as of section obstarts, fielda statutes, the undersigned.		
United States Corp	poration Agents, Inc.		
	Name of Registered Agent		
Registered Agent for	Chesapeake Sunset Properties LLC		
negistered rigent for			
	Name of Limited Liability Company	<u> </u> ·	
L20000186835			
Document Nu	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability company at its last known ad	dress.	
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this staten	ient is file	a.
	PIII		
	Signature of Resigning Agent	2	-
If all when any help alf affe		22 OCT 13	
If signing on behalf of a	-		έ. Ξ
	Chevenne Moseley	ω	
	Typed or Printed Name	AH.	Ċ.
	Asst. Secretary for United States Corporation Agents, Inc.	œ	: / :: ::
	Capacity	0 7	 r
	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		
INHS17 (2/14)			