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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Projects LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L 20000 72 7812</u>
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:
Tyler Pye Name of Person
Pytech Projects Name of Firm/Company
1576 Bella (ruz Dr #412) Address
The V. Mages, FL 32159 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyler Pyc at (352) 623-2499 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the u	indersigned.			
Legal Corp Solutions, LC Name of Registered Agent		, hereby resigns as	_ , hereby resigns as			
Registered Agent for						-
	Name of Limi	ited Liability Company				·
L200002278	12					
Document Nur	nber, if known					
A copy of this resignation	n was mailed to the a	bove listed limited liabi	lity company at its last	known ac	ddress.	
The agency is terminated	and the office discor	ntinued on the 31st day	after the date on which	this state	ment is	s filed.
	Bu	u S				
	_	Signature of Resigning Ag	ent			
If signing on behalf of an	entity:					
	501	nia Beccura		ټ _د	20	
		yped or Printed Name		LLAI	23 MA	71
	,	Capacity		AHASSE	2023 MAY -9	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss	y company olved/ voluntarily diss	or STATE.	AM 8: 32	

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

withdrawn limited liability company