# L20 000 257695

(Requestor's N	lame)
(Address)	
(A ddana)	
(Address)	
(City/State/Zip	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	tv Name)
(Dasiness Line	ly name,
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:
J	HORNE C 2 7 2022
DE	C 2 7 2022
	- ' 2022
Office	La Only



600393728046

09/20/22--01008--026 \*\*25.00

2022 SEP 20 PH 3: 44

#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Elem	ent Real Estate	e Inves	tments LLC
	Name of Limit	ted Liability	Company
DOCUMENT NUM	BER: L20000257695		
The enclosed Resigna for filing.	tion of Registered Agent fo	or a Limited	Liability Company and fee are submitted
Please return all corre	spondence concerning this	matter to th	e following:
United States Corp	oration Agents, Inc.		
	Name of Person		
Legalzoom.com, In	Ç.		
Na	me of Firm/Company	<del></del>	
9900 Spectrum Dr.			
	Address		
Austin, TX 78717			
Cit	v/State and Zip Code		
raresignations@leg	alzoom.com		
E-mail address: (to b	e used for future annual report n	otification)	
For further information	n concerning this matter, p	lease call:	
	at (	,800	773-0888
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check n liability company or \$ liability company.	ade pavable to the Florida	Department	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

#### MAILING ADDRE\$S:

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

INH\$17 (2/14)

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

Pursuant to the provision	s of section 605.0115	. Florida Statutes, the under	signed,			
United States Corpo	oration Agents, Inc	O.	hereby resigns as			
	Name of Registered Agent	t	norvey reagne as			
Registered Agent for El	ement Real Estate	e Investments LLC				
				<u> </u>	20.3	
	Name of Limit	ted Liability Company			34.2	
				S		
L20000257695					Õ	
Document Nu	nber, if known			· <u> </u>	<u>-p</u>	
A copy of this resignatio	n was mailed to the ab	oove listed limited liability o	company at its last know	n addre	جے - <u>دی</u>	Ę
The agency is terminated	and the office discon	atinued on the 31st day after	the date on which this s	tatemer	nt is fil	led
		Signature of Resigning Agent				
lf signing on behalf of ar	entity:					
	Cheyenne Mosel	еу				
	Ту	ped or Printed Name				
	Asst. Secretary for Ur	nited States Corporation Age	ents, Inc.			
		Capacity				
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liabilit	d/ voluntarily dissolved.	/		
		e to Florida Department of S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tate and mail to:			

INHS17 (2/14)