# 120000273800

(Pa	equestor's Name)	_			
(176	questors marrier				
(Address)					
(Address)					
	nulState [7] - IDL	40			
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	201			
(50	isiness Entity Man	ie)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
	<u> </u>				
Special Instructions to Filing Officer:					

Office Use Only

A. RIVERS NOV 1 6 2021



700375833937

11/01/21--01008--019 \*\*25.00

5-317 -1 F1 1-18

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
Name of Limited Liability Company
DOCUMENT NUMBER: L20000273800
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte 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
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:
Name of Person at ( Name 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.011.	5, Florida Statutes, the undersi	gned,	
United States Corporation Agents, Inc.		, hereby resigns as		
Name of Registered Agent				
Registered Agent for S	D Warehouse LL(	2		
	Name of Lim	ited Liability Company	<del></del> .	<del></del> ·
L20000273800				
Document No	imber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liability co	ompany at its last knowi	n address.
The agency is terminate	d and the office disco	ntinued on the 31st day after the	he date on which this st	tatement is filed.
		Signature of Resigning Agent	<del></del>	
If signing on behalf of a	n entity;			
	Cheyenne Mose	ley		
	Т	yped or Printed Name		
	Asst. Secretary for United States Corporation Age		its, Inc.	· 63
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	ipany / voluntarily dissolved/ / company	7

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