# L2C 000 296455

(Requestor's Name)	_
(Address)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Chity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
<u> </u>	_
Special Instructions to Filing Officer:	

Office Use Only



400377027154

12/08/21--01014--016 \*\*25.00

2021 DEC -6 AM 7: 59 SECRETARY OF STATE

DEC 33 5051

### **COVER LETTER**

SUBJECT: all around preservation L.L.C.	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000296455	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 (at (	773-0888 Daytime Telephone Number
Name of reison Area Code	Dayume 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

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

-2

		SE 92
Pursuant to the provision	ns of section 605.0115, Florida Statutes, the undersi	gned. ES A
United States Corpo	oration Agents, Inc.	gned. PCRC PCRC PCRC PCRC PCRC PCRC PCRC PCR
	Name of Registered Agent	S ST
Registered Agent for al	l around preservation L.L.C.	SS = 0
		57.5
	Name of Limited Liability Company	Ä
L20000296455		
Document Nu	mber, if known	
.,	on was mailed to the above listed limited liability co	
	Signature of Resigning Agent	<del>-</del>
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	<del></del> -
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	Capacity	

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