LZ0000333747

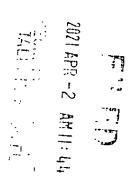
(Requestor's Name)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





600363049336

04/02/21--01020--028 **25.00



NAY 23 2021

COVER LETTER

TO: Registration Section Division of Corporations	·				
SUBJECT: Optimal Organizing LLC	of Limited Liability	Company			
DOCUMENT NUMBER: L2000033374	•				
The enclosed Resignation of Registered Afor filing.	gent for a Limited	Liability Compa	ny and fee are	submi	itted
Please return all correspondence concernir	ng this matter to th	e following:			
United States Corporation Agents, Inc	; .				
Name of Person					
Legalzoom.com, Inc.					
Name of Firm/Company					
101 North Brand Blvd. 11th Floor					
Address					
Glendale, CA 91203					
City/State and Zip Code			**	2(
raresignations@legalzoom.com			7	2021 APR -:	للبيد
E-mail address: (to be used for future annual	report notification)			· (2)	• }
For further information concerning this ma	atter, please call:			1/2	, 7 2 9
	800 at (773-0888 Daytime Telepho		VH 11: 11	5
Name of Person	Area Code	Daytime Telepho	one Number .	11	
Enclosed is a check made payable to the Fliability company or \$25.00 for an administiability company.	lorida Department stratively dissolved	t of State for \$85. d, voluntarily dis	.00 for an activ solved or with	⁄e limi drawn	ited limited

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unders	signed,		
United States Corporation Agents, Inc.		, hereby resigns as		
	Name of Limited Liability Company		,	
L20000333747				
Document Nu	umber, if known			
A copy of this resignation	on was mailed to the above listed limited liability of	ompany at its last known ad	dress.	
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this stater	ment is	filed.
	Signature of Resigning Agent		~ 3	
If signing on behalf of a			2021 APR	4 8 3usi
	Cheyenne Moseley	1962 2		1
	Typed or Printed Name		-2	٠ ټ٠ ډ د د د د
	Asst. Secretary for United States Corporation Age	nts, Inc.	A H	71 200
	Capacity		44 : II HA	ر

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