

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/04/24--01033--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Snowbird Painting LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000342380	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.0115. Florida Statutes, the	undersigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, nereby resigns as	
Registered Agent for	Snowbird Painting LLC		
	Name of Limited Liability Company		·
L20000342380			
Document N	lumber, if known		
	ion was mailed to the above listed limited liabed and the office discontinued on the 31st day Tik Trautlain	y after the date on which this stateme	ን
	Signature of Resigning A		_
If signing on behalf of an entity:			:
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corpora	ation Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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