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FEB 2 7 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Rise Up Housing LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000358310	
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:	
800 at (773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115,	Florida Statutes, the undersi	gned.		
United States Corporation Agents, Inc.		. h	, hereby resigns as		
	Name of Registered Agent				
Registered Agent for Ri	se Up Housing LL	C			
	Name of Limit	ed Liability Company		·	•
L20000358310					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the ab	ove listed limited liability co	mpany at its last known	address.	
The agency is terminated	d and the office discon	tinued on the 31st day after th	he date on which this sta	tement is	i filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:			ALL.	2022 DEC
	Cheyenne Mosel	еу			30 S
	Tyl	oed or Printed Name		6:	Ċ
	Asst. Secretary for Ur	nited States Corporation Agen	its, Inc.	<u> </u>	\sim
		Capacity		11.07.17	FH 6: 20
	FILING F				0
	\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolved/ withdrawn limited liability	/voluntarily dissolved/		

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