L21000057001

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

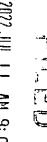
Office Use Only

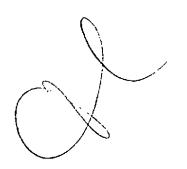


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07.11411--61011--610 **25.00

2022 JUL 11 AM 9: 08





COVER LETTER.

Robmar18 LLC			
SUBJECT: Name of Limited Liability	v Company		
DOCUMENT NUMBER: L21000057001			
The enclosed Resignation of Registered Agent for a Limiter for filing.	d Liability Company and fee ar	e submitte	: d
Please return all correspondence concerning this matter to t	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-	. 21	
9900 Spectrum Dr.	-	2022 JUL 1	بر <u>جر</u>
Address	_ 		,
Austin, TX 78717		500 2	i Ti
City/State and Zip Code	- -		
raresignations@legalzoom.com	1	AM 9: 08	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 unders	signed,		
United States Corporation Agents, Inc. hereby resigns as				
	Name of Registered Agent	nereby resigns as		
Registered Agent for _	Robmar18 LLC			
	Name of Limited Liability Company		·	
L21000057001				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known ad	dress.	
The agency is terminat	ed and the office discontinued on the 31st day after t	the date on which this staten	nent is f	īled.
	Signature of Resigning Agent		إرار 2022	~== riga
If signing on behalf of an entity:		· · · · · · · · · · · · · · · · · · ·	-	
	Cheyenne Moseley	5) (SEE	_	् धाक्क म
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Ager	nts, Inc.	90 :6	
	Capacity	 ,	38	

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