K21000106251

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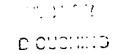


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Ra Rosignation



COVER LETTER

SUBJECT: Noland Enterprises LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L21000106281	
The enclosed Resignation of Registered Agent for a Limited Liability C for filing.	Company and fee are submitted
Please return all correspondence concerning this matter to the following	y:
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 $\frac{800}{\text{Area Code}}$ Daytime T	3
Name of Person Area Code Daytime T	elephone Number

MAILING ADDRESS:

liability company.

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 provis	ions of section 605.0115, Florid	da Statutes, the under	signed,			
United States Co	rporation Agents, Inc.		hereby resigns as			
	Name of Registered Agent	· · · · · · · · · · · · · · · · · · ·	nereby resigns as			
Registered Agent for	Noland Enterprises LLC					
	Name of Limited Liab	ility Company				
L21000106281						
Document	Number, if known					
A copy of this resigna	tion was mailed to the above lis	sted limited liability c	ompany at its last kno	wn addres:	S.	
The agency is termina	ted and the office discontinued Signature	on the 31st day after	the date on which this	statement	is filed	J .
If signing on behalf or	an entity:			<i>(</i> :	702	
	Cheyenne Moseley			. ;	2022 737	
	Typed or Pr Asst. Secretary for United St	rinted Name lates Corporation Age	nts. Inc.		<u></u>	41
	Сарас				<u> </u>	: : ز_:
				1	: 23	
	5 25.00 Admii	e limited liability con nistratively dissolved Irawn limited liability	/ voluntarily dissolved	d/		

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