# L21000114914

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

TO: Registration Section Division of Corporations
SUBJECT: PLAZMA FORCE LLC Name of Limited Liability Company
DOCUMENT NUMBER: L21000114914
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the 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:
Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605.011	15, Florida Statutes, the	undersigned,	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Registered Age		: netery testigns as	
Registered Agent for	PLAZMA FORCE	LLC		
	Name of Lin	nited Liability Company	·	
L21000114914				
Document	t Number, if known			
A copy of this resign	ation was mailed to the	above listed limited lia	bility company at its last known address.	
The agency is termin	ated and the office disco	Signature of Resigning A	y after the date on which this statement is fi	led
If signing on behalf c	of an entity:			
	Cheyenne Mose	eley		
	· · · ,	Typed or Printed Name	<del></del>	
	Asst. Secretary for	United States Corporati	on Agents, Inc.	
		Capacity		
	F1LING \$ 85.00 \$ 25.00 Make checks paya	Active limited liabi	ssolved/voluntarily dissolved/liability company	?

INHS17 (2/14)