# L21000126173

- <del></del>		
(Re	equestor's Name)	
(Ad	dress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
	_	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
•	·	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

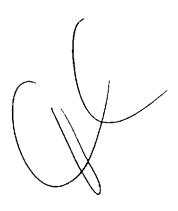


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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Saul Real Estate LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L21000126173			
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submit	tted
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.	<u> </u>	2022 NOV 1 4	
Address		YOM	T
Austin, TX 78717	må Som	Ē	j
City/State and Zip Code	٠ دەرى سىد	Ä	
raresignations@legalzoom.com	ES ES	AH 8: 39	
E-mail address: (to be used for future annual report notification)	. =====================================	9	
For further information concerning this matter, please call:			
800	773-0888		
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, the under	signed,	
United States Corporation Agents, Inc. , hereby		hereby resigns as	
		, nereby resigns as	
Registered Agent for	Saul Real Estate LLC		_
	Name of Limited Liability Company		_'
L21000126173			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability o	company at its last known address	٠.
The agency is terminate	ated and the office discontinued on the 31st day after	the date on which this statement	is filed.
	Signature of Resigning Agent	PALLAHA	
If signing on behalf of an entity:		<i>∪</i> າ <sup></sup>	j Tarren
Cheyenne Moseley		SE M	
	Typed or Printed Name	ents, Inc.	
	Asst. Secretary for United States Corporation Age	ints, Inc.	
	Capacity	<del></del>	

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