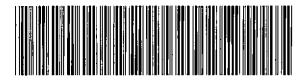
# L21000175994

(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:

Office Use Only



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### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Name of Limited Liability Company					
	SUBJECT: Adams Pressure Cleaning Service LLC Name of Limited Liability Company				
DOCUMENT NUMBER: L21000175994					
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the under	signed.
United States Corporation Agents, Inc.		hereby resigns as
	Name of Registered Agent	nereo, resigns as
Registered Agent for A	dams Pressure Cleaning Service LLC	
	Name of Limited Liability Company	,
L21000175994		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability c	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of a	2023 OCT 31	
	Cheyenne Moseley	$\overset{ ightarrow}{\omega}$
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	5: 17

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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