# h21000205427

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Ra Rosignation

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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 1212 San Jose Blvd LLC			
*	mited Liability	Company	_
DOCUMENT NUMBER: L21000205427			<del></del>
The enclosed Resignation of Registered Agent for filing.	for a Limited	i Liability Company and fee	are submitted
Please return all correspondence concerning th	is matter to th	ne 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		-	[2]
raresignations@legalzoom.com		-	20.4 20.4 20.4 20.5 10.5 10.5 10.5
E-mail address: (to be used for future annual repor	notification)	•	ر . حال
For further information concerning this matter,	, please call:		
я	800 at (	773-0888	ر ۱۱ <u>:</u> نسب بین
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

United States Corporation Agents, Inc.					
	Name of Registered Agent	, hereby resigns as			
Registered Agent for	1212 San Jose Blvd LLC		<del>_</del> ,	<del></del>	
	Name of Limited Liability Company			<del></del> ,	
L21000205427					
Document	Number, if known				
A copy of this resigna	tion was mailed to the above listed limited liability of	company at its last knov	vn add	ress.	
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this	statem	ent is f	iled.
If signing on behalf of	an entity:			(c,5) (c,3) (c,3)	
	Cheyenne Moseley		٠.		
	Typed or Printed Name	<del></del>		 (, )	.•
	Asst. Secretary for United States Corporation Age	ents, Inc.	:	7-1	. ]
	Capacity		:	: : :	۰۰ لویت
			1 1	: 20	
	FILING FEES: \$ 85.00 Active limited liability co \$ 25.00 Administratively dissolve withdrawn limited liability	mpany d/ voluntarily dissolved ly company	<del>1</del> /		

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