

121 000210563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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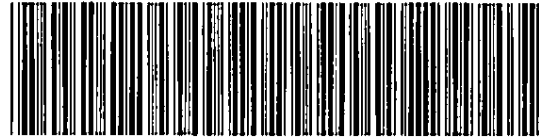
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Milam Disability, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L21000210563

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:

Brandy O'Dell

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Name of Person

KKOS Lawyers

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Name of Firm/Company

1883 W Royal Hunte Drive, Suite 200

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Address

Cedar City, UT 84720

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City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy O'Dell at (435) 586-9366

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Milam Disability, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L21000210563

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated 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 an entity:

Adam Saldana

\_\_\_\_\_  
Typed or Printed Name

Asst. Secretary

\_\_\_\_\_  
Capacity

### **FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 21 AM 10:04

FILED

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