12100022

(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:	
, LENNIS	
AUG 1 1 2023	

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COVER LETTER

Registration Section Division of Corporations SUBJECT: Toledo Housing Group I LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000223048

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Planca rature all correspondence concerning this matter to the following:

riease fetum an correspondence concerning an	S matter to th	e tonowing.
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:	
a	800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115	, Florida Statutes, the unde	ersigned.		
United States Corporation Agents, Inc, hereby resignation					
Nam	thereby resigns to				
Registered Agent for Toled	o Housing Gro	oup I LLC		_	_
<u> </u>	Name of Limi	ted Liability Company		·	- '
L21000223048					
Document Number,	if known				
A copy of this resignation wa	s mailed to the al	pove listed limited liability	company at its last known	n addres:	S.
The agency is terminated and	the office discon	itinued on the 31st day after the street of Resigning Agent	r the date on which this st	atement.	is filed.
It signing on behalf of an enti	ity:				
Cheyenne Moseley			202	44	
Typed or Printed Name				502 JUN 23	.설 조
Asst. Secretary for United States Corporation Agents, Inc.			jents, Inc.	7₹	
		Capacity		نت	37
	FILING 1 \$ 85.00 \$ 25.00	Active limited liability c	ed/ voluntarily dissolved/	4H 8: 27 -	D OF STATE RPORATION

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