121 000248344

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COVER LETTER

SUBJECT: Carter Howard Real Estate, LLC Name of Limited Liability Com	npany
DOCUMENT NUMBER: L21000248344	
The enclosed Resignation of Registered Agent for a Limited Liab for filing.	bility Company and fee are submitted
Please return all correspondence concerning this matter to the fol	llowing:
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:	
31 (800) 773	3-0888 ytime Telephone Number
Name of Person Area Code Day	ytime Telephone Number
Enclosed is a check made payable to the Florida Department of S liability company or \$25.00 for an administratively dissolved, vo liability company.	State for \$85.00 for an active limited cluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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	ns of section 605.011:	5. Florida Statutes, the unde	rsigned,	
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as	
Registered Agent for C	arter Howard Rea	al Estate, LLC		
	Name of Lim	ited Liability Company		1
L21000248344				
Document No	imber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known address.	
The agency is terminate	d and the office disco	intinued on the 31st day afte	r the date on which this statement is	filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Mose	eley		3
	T	yped or Printed Name	<u> </u>	, '
	Asst. Secretary for L	Jnited States Corporation Ag	gents, Inc.	-30
		Capacity		=
			Sign to the second seco	
	<u>FILING</u> \$ 85.00	FEES: Active limited liability co	ompany ed/ voluntarily dissolved/	D
	\$ 25.00	Administratively dissolve withdrawn limited liabil		CD

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