421000253002

(Requ	restor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	е)
(Docu	ıment Number)	 —
Certified Copies	Certificates	of Status
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08/05/22--01007--018 **25.00



COVER LETTER ...

TO: Registration Section División of Corporations

SUBJECT: ROOF RIGHT NOW TAM	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000253002	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the und	ersigned,			
United States Corporation Agents, Inc.		_ , hereby resigns a	hereby resions as			
	Name of Registered Age		_ , nevery resigns a			
Registered Agent for R	OOF RIGHT NO	W TAMPA LLC				-
	Name of Lin	nited Liability Company				.•
	Name of Gir	med Gaomy Company				
L21000253002						
Document No	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	z company at its las	st known a	ıddress.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	er the date on whic	ch this state	ement i:	s filed.
		Signature of Resigning Agent				
It signing on behalf of a	an entity:			0. ====================================	2022 AUG -	
Cheyenne Moseley				AUG	-11	
		Typed or Printed Name		AHASSI		1
Asst. Secretary for United States Corporation Ager		gents, Inc.	35.7	35 -	M	
		Capacity			X	O
				71.7	AM 11: 39	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	ved/ voluntarily di	ssolved/		

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