# KZ1000272280

(Requestor's Name)		
(Address)		
(Address)		
(1.031333)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(2001)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
(112.12.1		

Office Use Only



400371933374

08/23/21--01034--012 \*\*85.00

SECRETARY OF STATE

2021 AUG 23 PH L: (

#### **COVER LETTER**

SUBJECT: Vilano Beach Vagabond's House LLC  Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L21000272280	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

### FILED

## FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FL STATEMENT OF RESIGNATION OF REGISTERED A SENT 1: 05

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the und	dersigned,
United States Corporation Agents, Inc.		_ , hereby resigns as
Name of Registered Agent		
Registered Agent for V	ilano Beach Vagabond's House LLC	
	Name of Limited Liability Company	·
L21000272280		
Document Ni	umber, if known	
A copy of this resignation	on was mailed to the above listed limited fiabili	ty company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day af	her the date on which this statement is filed.
	CM	
	Signature of Resigning Agen	ıt
If signing on behalf of a	un entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	<del></del>

FILING FEES: \$ 85.00 Active limited liability company Administratively dissolved/voluntarily dissolved/ \$ 25.00 withdrawn limited liability company

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