LAI 000312741

(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:

Office Use Only



900391985379

08/05/22--01007--023 **25.00



COVER LETTER

Division of Corporations
_{suвлест:} Take Autopilot LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L21000312741
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:
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
aresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
at (
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provisi	ons of section 605.0115. Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc.		harata.	
Name of Registered Agent		hereby resigns as	
Registered Agent for	Take Autopilot LLC		-
	Name of Limited Liability Company		.•
L21000312741			
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after t	he date on which this statement is	s filed.
	Signature of Resigning Agent	2077 AUG SELLINE IN TALLIA	
If signing on behalf of a	an entity;	AUG	7
	Cheyenne Moseley	AUG -5 AM	
	Typed or Printed Name	—————————————————————————————————————	
	Asst. Secretary for United States Corporation Ager	ots, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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