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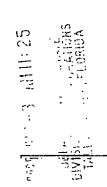
Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT RESIGNATION 820 FRANCIS LLC



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K. SALY

JUN - 4 2025

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	section 605.0115, Florida Statutes, the undersigned,	
Capitol Cor	porate Services, Inc. , hereby res	igns as
Name	of Registered Agent	igns as
Registered Agent for	820 FRANCIS LLC	第一年
<u> </u>	Name of the Limited Liability Company	F 1
L2100038		1: 32
A copy of this resignation was	s mailed to the above listed limited liability company at	its last known address.
The agency is terminated and	the office discontinued on the 31st day after the date on	which this statement is filed.
	Bin Broker	
	Signature of Resigning Agent	
If signing on behalf of an entit	y :	
	Brian Radecki	
	Typed or Printed Name	
	Assistant Secretary	
	Сарасіту	

FILING FEES:

Active limited liability company
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withdrawn limited liability company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

INHS17 (2/14)