# 121000394558

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
Q. SILAS JUL 21 2022		

Office Use Only



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TALL AHASSEF, FI

### COVER LETTER

SUBJECT: Name of Limited Liab	ility Company
DOCUMENT NUMBER: L21000394558	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limfor filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	<del>_</del>
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please ca	III:
800 at (	773-0888
Name of Person Area C	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Division of Corporations

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 AND STATEMENT

SECRETARY OF STATE TALLAHASSEE, FL

f section 605.0115, Florida Statutes, the	e undersigned,
tion Agents, Inc.	, hereby resigns as
me of Registered Agent	, , noredy resigns as
LLC	
Name of Limited Liability Company	,
r, if known	
as mailed to the above listed limited lia	ability company at its last known address.
nd the office discontinued on the 31st da	ay after the date on which this statement is filed
Signature of Resigning /	Agent
ntity:	
heyenne Moseley	
Typed or Printed Name	<del></del>
st. Secretary for United States Corporati	ion Agents, Inc.
Capacity	<del></del>
	Name of Limited Liability Company  r. if known  vas mailed to the above listed limited liability did the office discontinued on the 31st day  Signature of Resigning  atity:  heyenne Moseley  Typed or Printed Name  est. Secretary for United States Corporal

**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