# 121000425640

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(en, contract,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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#### COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: Libete Lavi L.L.C.  Name of Limited Liability Company
DOCUMENT NUMBER: L21000425640
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
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115.	Florida Statutes, the under	signed.			
United States Corporation Agents, Inc						
	Name of Registered Agent		_ thereby resigns as			
Registered Agent for L	ibete Lavi L.L.C.					
·						
	Name of Limite	ed Liability Company	· ·			
L21000425640						
Document N	lumber, if known	<u> </u>				
A copy of this resignat	ion was mailed to the abo	ove listed limited liability c	ompany at its last l	known ad	dress.	
The agency is terminat	ed and the office discont	inued on the 31st day after	the date on which	this stater	ment is	filed.
	(	signature of Resigning Agent				
If signing on behalf of	an entity:					
	Cheyenne Moseley				202	
	Тур	ed or Printed Name		7. 2.00	2022 OCT 31	
	Asst. Secretary for Uni	ited States Corporation Age	nts, Inc.	A TET	C	0 G
		Capacity		恶	$\frac{\omega}{2}$	E STAN
	<u>FILING F</u> \$ 85.00 \$ 25.00	EES: Active limited liability cor Administratively dissolved withdrawn limited liability	I/ yoluntarily disso	SERVE HILLS HOW	PM 4: 17	

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