# 121000429475

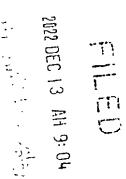
(Request	or's Name)			
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A. RIVERS MAR 2 - 2023

#### COVER LETTER

TO: Registration Section Division of Corporations

Schwippert Pressuring Wa	ashing LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000429475	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provision	ns of section 605.011	5. Florida Statutes, the under	ersigned,		
United States Corpo	oration Agents, In	ic.	. hereby resigns as		
	Name of Registered Ager	nı	neteoy tesigns as		
Registered Agent for So	chwippert Pressu	ring Washing LLC			
					_
	Name of Lim	nited Liability Company			_;
L21000429475					
Document Nu	mber, if known	<del></del>			
A copy of this resignation	n was mailed to the a	above listed limited liability	company at its last l	known address	S.
The agency is terminated	d and the office disco	ntinued on the 31st day afte	er the date on which:	this statement	is filed.
		W			
		Signature of Resigning Agent			
If signing on behalf of ar	ı entity:				
	Cheyenne Mose	ley			2
		yped or Printed Name			
	Asst. Secretary for U	Inited States Corporation Ag	gents, Inc.	- ، خ	
		Capacity		;	ມ ! p. ∏T
					<u> </u>
				.7.	ے م
	FILING \$ 85.00	FEES: Active limited liability c	ompany	300	ب. 10 م
	\$ 25.00	Administratively dissolv withdrawn limited liabil	ed/voluntarily disso	olved/	

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