L21 CCC 457342

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PRIMARY TV MOUNTING AN	ID INSTALLS, LLC
Name of Limited Liability	
DOCUMENT NUMBER: L21000457342	
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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Stat	utes, the undersigned,			
United States Co	rporation Agents, Inc.	, hereby resigns as			
	Name of Registered Agent		Hereby resigns as		
Registered Agent for	PRIMARY TV MOUNTING AN	D INSTALLS, LLC	<u> </u>		
			·		
	Name of Limited Liability Co	mpany			
L21000457342					
Document	Number, if known				
A copy of this resigna	ation was mailed to the above listed lin	nited liability company at its last	known address		
	nted and the office discontinued on the				
	Signature of Re	rsigning Agent			
If signing on behalf o	f an entity:		÷. ~		
	Cheyenne Moseley		2022 DEC		
	Typed or Printed N		95.741.7 2-330		
	Asst. Secretary for United States C	orporation Agents, Inc.	1112		
	Capacity		<u>.</u> - <u> </u>		
			000		
	NII ING ERRO		19		
	<u>FILING FEES:</u> \$ 85.00 Active limit	ed liability company	••		
	\$ 25.00 Administrat	ively dissolved/voluntarily diss	olved/		

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

withdrawn limited liability company