121000463291

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SECRETARY OF STATE

COVER LETTER

ıŲ:	Division of Corporations	
SUBJ	JECT: Name of Limited Liability Company	
	Name of Limited Liability Company	_ _
DOC	CUMENT NUMBER: L21000463291	
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability Company and fed iling.	e are submitted
Please	se return all correspondence concerning this matter to the following:	
Unite	ted States Corporation Agents, Inc.	
	Name of Person	
Lega	alzoom.com, Inc.	
	Name of Firm/Company	
9900	0 Spectrum Dr.	
	Address	
Aust	tin, TX 78717	
	City/State and Zip Code	
rares	esignations@legalzoom.com	
E	E-mail address: (to be used for future annual report notification)	
For fi	further information concerning this matter, please call:	
	Name of Person at (800) 773-0888 Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	<u>:r</u>
		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	undersigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for $\frac{3}{2}$	26 Roney Palace LLC		
	Name of Limited Liability Company		
L21000463291			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liab	pility company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day	after the date on which this statement is filed.	
	Signature of Resigning A	gent	
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	on Agents, Inc.	
	Capacity		

FILING FEES:

\$ 85.00 \$ 25.00 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withdrawn limited liability company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