

Florida Department of State

L21000467562
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
1480 1501 WINDORAH WAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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JUN 29 2022

K. Brumbley

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NORTHWEST REGISTERED AGENT LLC, hereby resigns as
Name of Registered Agent

Registered Agent for _____
1480 1501 Windorah Way LLC
Name of Limited Liability Company

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Tom Glover
Typed or Printed Name
Assistant Secretary
Capacity

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withdrawn limited liability company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

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