## Florida Department of State Division of Oprpolations

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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

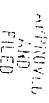
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

- 13	4.1.1	
t mail	Address:	

## LLC REGISTERED AGENT RESIGNATION 1495 1504 LAKE CRYSTAL LLC

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JUN 2 9 2022

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	15, Florida Statutes, the ui	adersigned.		
NORTHWEST REGISTERED AGENT LLC	, hereby resigns as			
Name of Registered Ag				
Registered Agent for				-
1495-1504 lake crystal LLC				.*
Name of Lie	mited Liability Company			,
Document Number, if known	<del> </del>			
A copy of this resignation was mailed to the	above listed limited liabil	lity company at its last k	mown address.	
The agency is terminated and the office disc	ontinued on the 31st day:	after the date on which t	this statement i	s filed.
(o	n (Tlov			
	Signature of Resigning Ago	ent		
If signing on behalf of an entity:				
Tom Glover				3
	Typed or Printed Name			5
Assistant Secretary			: · <u></u>	<u> </u>
	Capacity		7072 JUN 29	7. 7
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FILING \$ 85.00	G FEES: Active limited liabilit	v company	olved/ 6	<u>;-</u>
\$ 25.00	Administratively diss withdrawn limited lia	olved/ voluntarily disso	olved/ 5	

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