6/28/23, 6:05 PM

Division of Corporations



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(((H23000230261 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

LLC REGISTERED AGENT RESIGNATION 795 ALL AMERICAN LLC

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JUL 28 2023

K. Brumbley

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	795 ALL AMERICAN LLC
	Name of Limited Liability Company
DOC	UMENT NUMBER: L21000511309

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing

tor ming.		
Please return all correspondence concerni	ng this matter to the follow	ving:
Westley Look		
Name of Person		
Incorporating Services, Ltd.		
Name of Firm/Company		
3500 S DuPont Highway		
Address	· · · · · · · · ·	
Dover, DE 19901		
City/State and Zip Code		
wlook@Incserv.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	atter, please call:	
Westley Look	at ()531-0	
Name of Person	Area Code Daytin	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605,011	5, Florida Statutes, the un	dersigned,			
Incorporating Services, Ltd.		, hereby resigns as				
Name of Registered Agent				gua da		
Registered Agent for 795	ALL AMERICA	N LLC				
	Name of Lim	ited Liability Company		<u></u> .		,
L21000511309						
Document Num	ber, if known					
A copy of this resignation	was mailed to the a	bove listed limited liabili	ty company at its last ka	own add	ress.	
The agency is terminated	and the office disco	ntinued on the 31st day at	mobalil	is statem	ent is	filed.
If signing on behalf of an	entity:					
	Ama	anda Archambault		돌았	202	
-	Ţ	yped or Printed Name			2023 JUL 27	5 1.
	Ass	sistant Secretary		풀면		7
_		Capacity			27	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolo pility company	THE STATE OF THE S	AM 10: 50	APPROVED AND FILED

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