11/29/22, 12:10 PM

Division of Corporations

Florida Department of State

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(((H22000401676 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 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.

Email Address:_

LLC REGISTERED AGENT RESIGNATION FED PROPERTY INVESTMENTS (UNIT 1256S) LLC

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FED PROPERTY INVESTMENTS (UNIT 1	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000513684	
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:
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 matter, please call:	
Westley Look 302	531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Taliahassee, FL 32301

H220004016763

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florid	a Statutes, the undersigned,
Incorporating Ser	rvices, Ltd.	, hereby resigns as
	Name of Registered Agent	, <u> </u>
Registered Agent for	FED PROPERTY INVEST	IMENTS (UNIT 1256S) LLC
<u> </u>	Name of Limited Linb	lity Company ,
L21000513684		
Document	t Number, if known	
A copy of this resigna	ation was mailed to the above lis	ted limited liability company at its last known address.
The agency is termin	ated and the office discontinued	on the 31st day after the date on which this statement is filed.
	Aman Clark	nchambellt re of Resigning Agent
If signing on behalf o	of an entity:	
	Amanda A	rchambault
	Typed or F	inted Name
	Assistant	Secretary
	Сарас	ity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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