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(Re	equestor's Name)	
,,,,		
(Ac	idress)	
(/-	,	
(Ac	ldress)	
(, , , , , , , , , , , , , , , , , , , ,	
(Cit	ty/State/Zip/Phone	- #)
(3.	.,,	,
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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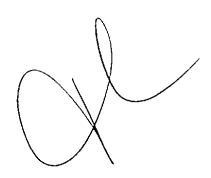
Office Use Only



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2023 CCT 30 1: 14: 140



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Blast Off Pressure Washing of	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000124322	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitte
Please return all correspondence concerning this matter to the	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	7 02?
9900 Spectrum Dr.	2023 (167) 30
Address	30
Austin, TX 78717	
City/State and Zip Code	1.1 ID: 06
raresignations@legalzoom.com	σ
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the under	signed,	
United States Co	rporation Agents, Inc.	hereby resigns as	
	Name of Registered Agent	. Hereby resigns as	
Registered Agent for	Blast Off Pressure Washing of Central Flor	ida LLC	
	Name of Limited Liability Company	 ,	
L22000124322			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this statement is filed	
	Signature of Resigning Agent	2023 CCT	
If signing on behalf of an entity:		30	
	Cheyenne Moseley	- 2	
	Typed or Printed Name	nts, Inc.	
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	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