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Certified Copies	_ Certificates	of Status
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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 9/19/2023 FLORIDA

REP UNIT:

CITYVIEW TWIN LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33444 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



FILED 2023 SEP 26 AM 7: 20

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Capitol Con	porate Services, Inc. hereby resigns as
	of Registered Agent
Registered Agent for	CITYVIEW TWIN LLC
L	Name of the Limited Liability Company
L2200012	
A copy of this resignation was	mailed to the above listed limited liability company at its last known address
	, , ,
The agency is terminated and t	he office discontinued on the 31st day after the date on which this statement
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The agency is terminated and t	he office discontinued on the 31st day after the date on which this statement Significant of Resigning Agent
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	he office discontinued on the 31st day after the date on which this statement Significant of Resigning Agent Yvette Cleveland

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

Active limited liability company

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admi

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