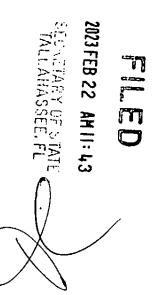
# U22000129 439

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100402183891



### **COVER LETTER**

SUBJECT: 88 LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L22000129439			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	submit	ted
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address		· ~	
Austin, TX 78717	Z.	2023 FEB 22	d-
City/State and Zip Code	·	83	G 3448
raresignations@legalzoom.com	TAS S	-	
E-mail address: (to be used for future annual report notification)			() H (
For further information concerning this matter, please call:	FL	AH II: 43	
800 at (	773-0888	, <b>w</b>	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provision	ns of section 605.011	5. Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc.		nc.	hereby resigns as			
	Name of Registered Age	ent	. Hereby resigns as			
Registered Agent for 8	B LLC					
	Name of Lin	nited Liability Company				
L22000129439						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last	known ad	dress.	
The agency is terminated	d and the office disco	ontinued on the 31st day afte	er the date on which	this stater	nent is	filed.
		Signature of Resigning Agent	<del></del>			
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley				
	<del>-</del>	yped or Printed Name				
	Asst. Secretary for U	Jnited States Corporation Ag	jents, Inc.	ું. 	200	
		Capacity	<del></del>	AC.	)3F	-
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability condition of the conditio	ompany ed/ voluntarily diss ity company	LIARY OF STATE	2023 FEB 22 AM II: 43	

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