L22000163976

(Requ	estor's Name)
		
(Addre	ess)	
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(City/S	tate/Zip/Phor	
(Gily) C		,
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	ime)
(Docui	ment Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	
		J. HORNE
	J	UN 2 6 2024

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10.04.04 (Mediender Arco.)



COVER LETTER

SUBJECT: Mark D Schwartz LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000163976	
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:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provis	ions of section 605.0115. Florida Statutes, the	undersigned.	
United States Corporation Agents, Inc.		, hereby resigns as	202
	Name of Registered Agent	, nereby resigns as	<u> </u>
Registered Agent for Mark D Schwartz LLC			2024 14:1-2:1
			
	Name of Limited Liability Company		
L22000163976			1: 05
Document l	Number, if known		
	tion was mailed to the above listed limited liab ted and the office discontinued on the 31st day		
	Signature of Resigning Ag	gent	
lf signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporatio	п Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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