L22000178245

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





400433574884

09/18/24--01028--004 **25.00



09/18/24

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: LEX EXTERIOR SERVICE | ES LLC |
|---|--|
| Name of Limited Liabili | |
| DOCUMENT NUMBER: L22000178245 | |
| The enclosed Resignation of Registered Agent for a Limite for filing. | ed Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to | the 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: | |
| at (<u>800</u> | 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi | ions of section 605.01 | 15, Florida Statutes, the und | dersigned, | | | |
|--|--------------------------------|--|--|-------------|---------------|---------------|
| United States Corporation Agents, Inc. Name of Registered Agent | | | hereby resigns as | | | |
| | | | | | | |
| | | | | | | _ |
| | Name of Lin | nited Liability Company | | <u> </u> | | ` |
| L22000178245 | | | | | | |
| Document N | Jumber, if known | | | | | |
| A copy of this resignat | ion was mailed to the a | above listed limited liabilit | v company at its b | nst known : | addres | e e |
| | ed and the office disco | ontinued on the 31st day aft | | | | |
| | | Signature of Resigning Agent | | | | |
| If signing on behalf of | an entity: | | | | | |
| | Erik Treutlein | | | | | |
| | 1 | yped or Printed Name | | | | |
| | Vice President on beha | If of United States Corporation | Agents, Inc. | | ٠., | |
| | | Capacity | | <i>:</i> | · : | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability of Administratively dissolve withdrawn limited liability. | ompany red/ voluntarily di. lity company | (0 | ```i8 PH 1:23 | Ö |

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