L22000190014

<u>-</u> -		
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
		
(Do	ocument Number)	
Cartificat Carrier	Contillores o	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
10		

Office Use Only



100421878301

01/17/24--01011--011 **25.00

2024 J.S.H. 1.7 AH 10: 34

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Solside Rides LLC Name of Limited Liability Comp	
DOCUMENT NUMBER: L22000190014	жиу
The enclosed Resignation of Registered Agent for a Limited Liab for filing.	ility Company and fee are submitted
Please return all correspondence concerning this matter to the foll	owing:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	20.
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	9 00 00 00 00 00 00 00 00 00 00 00 00 00
City/State and Zip Code	<u>ω</u>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (800 773-	0888
Name of Person Area Code Dayt	ime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

e 3

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the under	signed,	
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Agent	nercoy resigns as	
Registered Agent for	Solside Rides LLC		 -
	Name of Limited Liability Company		·
L22000190014			
Document	Number, if known		
	ation was mailed to the above listed limited liability cated and the office discontinued on the 31st day after		
	Signature of Resigning Agent	——————————————————————————————————————	M 17
If signing on behalf of an entity:			
Cheyenne Moseley			34 0: 34 6: 34
	Typed or Printed Name		•
	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