# L22000241462

Office Use Only



100431311751

08/12/24--01020--027 ++25.00

2024 JUN 12 AM 8: 26

DEFINITION OF CHARLE AND A SSEE, FLORIDA

### **COVER LETTER**

TO: Registration Section Division of Corporations	···
Division of Corporations	
SUBJECT: 1719 Miller Ave LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000241462	
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	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 605.0115	. Florida Statutes, the under	signed,			
Name of Registered Agent		, hereby resigns as				
			: Notedy resigns us			
Registered Agent for _	1719 Miller Ave LLC	· · · · · · · · · · · · · · · · · · ·			<del></del>	-
	Name of Limit	ted Liability Company				<b>-</b> •
L22000241462						
Document l	Number, if known	<del></del>				
A copy of this resignat	ion was mailed to the ab	pove listed limited liability c	company at its last	known a	address.	
<b>G</b> ,	Trik	Treadlein Signature of Resigning Agent		i una state	ement i	s med.
If signing on behalf of	an entity:			₹.	20	
	Erik Treutlein			TALLAHASSEE.	2024 JUN 12	<del></del>
	Tyj	ped or Printed Name		41.4	Ĭ.	
	Vice President for Un	ited States Corporation Age	nts, Inc.	155	12	
		Capacity	<del></del>	m <sub>C</sub>	A	Ш
	<u>FILING F</u> \$ 85.00 \$ 25.00	<u>FEES:</u> Active limited liability cor Administratively dissolved withdrawn limited liability	d/ voluntarily diss	FLORIDA olved/	AH 8: 26	

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