## L22 000 218 258

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## **COVER LETTER**

Emerald Coast Escrow & Title Services LLC	
SUBJECT: Name of Limited Liability	v Company
DOCUMENT NUMBER: L22000269258	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	the following:
Cory Betts	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Ave. Suite 301	
Address	_
Tallahassee, FL 32301	
City/State and Zip Code	-
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Cory Betts 844 at (	493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

**Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.01	15, Florida Statutes, the un-	Jersigned,	
ZenBusiness Inc.			hereby resigns as	
	Name of Registered Ag	ent	Hereby resigns us	
Registered Agent fo	r Emerald Coast Escrow	& Title Services LLC		
<del></del>	Name of Li	mited Liability Company		,·
1,22000269258				
Documer	nt Number, it known	<del></del>		
A copy of this resign	nation was mailed to the	above listed limited liabilit	y company at its last known	address.
The agency is termin	nated and the office disc	ontinued on the 31st day at	ter the date on which this stat	ement is filed.
lf signing on behalf	of an entity:			
	ZenBusiness Inc. by	Khadijeh Hemmati		
		Typed or Printed Name		
	Secretary		ဟ	2(
		Capacity	ECRETI	F IL
	FILINC \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily disserved/	LED 22 PH 3

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