

W22 000279036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

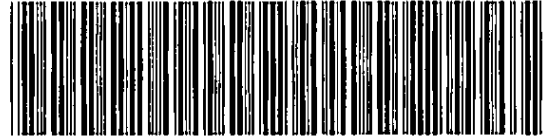
(Business Entity Name)

(Document Number)

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2023 MAR 13 AM 8:25

APR 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: weSolve Properties, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000279036

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heidi Urquhart
Name of Person

weSolve properties, LLC
Name of Firm/Company

7433 Midnight Pass Rd
Address

Sarasota, FL 34242
City/State and Zip Code

heiditu@wesolveproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi Urquhart at (952) 818-7197
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 provisions of section 605.0115, Florida Statutes, the undersigned,

Dawson Phan _____, hereby resigns as

Name of Registered Agent

Registered Agent for weSolve Properties, LLC

Name of Limited Liability Company

L22000279036

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

023 MAR 13 AM 8:25

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withdrawn limited liability company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**