U22000301413

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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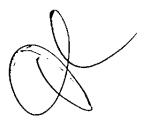




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COVER LETTER .

Registration Section Division of Corporations Future Umbrella LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000301413 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: 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unders	igned,			
United States Corp	hereby resigns as					
Name of Registered Agent						
Registered Agent for F	uture Umbrella Ll	_C				
	Name of Lin	nited Liability Company			 '	
L22000301413						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability c	ompany at its last kr	nown addr	ess.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which th	iis stateme	ent is fi	led.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley				
			C)	203		
	Asst. Secretary for I	nts, Inc.	E	23F	4=1230)	
		Capacity		i—î: 3>;;;	2023 FEB 22	
				H H H H	22	ĵ.
				SSE	*	
	FILING \$ 85.00 \$ 25.00	Active limited liability cor Administratively dissolved withdrawn limited liability	d/ voluntarily dissol	û.∿	AM 10: 53	O

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