L22

000 313 684

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
Office Use Only	mA



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COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} sage and	sand plic		
SORTECT:	Name of Limited Liability Company		
DOCUMENT NUMBER:	22000313684		
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are s	ubmit	ted
Please return all corresponde	nce concerning this matter to the following:		
United States Corporation	Agents, Inc.		
Name	of Person		
Legalzoom.com, Inc.			
Name of F	irm/Company		
9900 Spectrum Dr.		22	2
Ad	dress	22 0CT	
Austin, TX 78717		$\overline{\omega}$	
City/State	and Zip Code	2	
raresignations@legalzoor	n.com	2 89	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E-mail address: (to be used f	br future annual report notification)		¥.
For further information cone	erning this matter, please call:		
	800 773-0888		
Name of Person	at (800) 773-0888 Area Code Daytime Telephone Number		
Enclosed is a check made pa liability company or \$25.00 liability company.	yable to the Florida Department of State for \$85.00 for an active for an administratively dissolved, voluntarily dissolved or withdo	limite awn l	ed imited
MAILING ADDRESS: Registration Section Division of Cornorations	STREET ADDRESS: Registration Section Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115. Florida Statutes, the undersigned,		
United States Corporation	Agents, Inc, hereby resigns as		
Name of	Registered Agent		
Registered Agent for sage and	d sand plic		
	Name of Limited Liability Company	 -	
L22000313684			
Document Number, if k	nown		
Document Number, if a	gowii		
A copy of this resignation was r	nailed to the above listed limited liability company at its last known ad	dress.	
The agency is terminated and the	office discontinued on the 31st day after the date on which this state	ment is	fīled.
,	1 , , ,		
	()///		
	Signature of Resigning Agent		
f signing on behalf of an entity:			
Chevi	enne Moseley	Ņ	
	Typed or Printed Name	2 00	. =
Asst. S	ecretary for United States Corporation Agents, Inc.	22 0CT 13	A Section of the sect
	Capacity	ယ်	17.1
		A	<u> </u>
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	FILING FEES: \$ 85.00 Active limited liability company	51	
	\$ 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		
	Tallahuccae FL 3731.1		