L22000352616

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	> #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT: 24 Gardens LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000352616		
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.	 بسر کار -	2022 NOV 14
Address	,- ,- ,,	70 V
Austin, TX 78717	WHASSEE, FL	· - 5
City/State and Zip Code	SE SE	AM 8
raresignations@legalzoom.com	ران الماريخين الماري الماريخين الماريخين	AM 8: 37
E-mail address: (to be used for future annual report notification)	:	
For further information concerning this matter, please call:		
31 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provision	ons of section 605.0115, Florida Statutes, th	ne undersigned,			
United States Corporation Agents, Inc.		harahy raciana	harahu rusiana aa		
		Hereby resigns	hereby resigns as		
Registered Agent for $\frac{2}{2}$	4 Gardens LLC		_		
	Name of Limited Liability Company		<u> </u>	;	
L22000352616					
Document N	umber, if known				
	on was mailed to the above listed limited lind and the office discontinued on the 31st d	ay after the date on whi			īled.
If signing on behalf of a	Sigherate of Resigning in entity:	Agent	IX.	2022 NOV 14	
	Cheyenne Moseley		: AHASSER	VO	T
	Typed or Printed Name		2S	-	þ
	Asst. Secretary for United States Corpora	tion Agents, Inc.	W.C.	*	
	Capacity			- 8: 3	O

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company