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TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Allegiance Air Heating ar		
Name of	Limited Liability	Company
DOCUMENT NUMBER: L22000360518	<u> </u>	
The enclosed Resignation of Registered Age for filing.	ent for a Limited	I Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to th	ne 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 re	port notification)	
For further information concerning this matt	ter, please call:	
	800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provisions of section 605.0115, Florida Statutes, the	undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	, nercoy resigns as
Registered Agent for Allegiance Air Heating and Cooling Lir	mited Liability Company
Name of Limited Liability Company	·
L22000360518	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liab	
The agency is terminated and the office discontinued on the 31st day	after the date on which this statement is filed.
Signature of Resigning Ag	gent
If signing on behalf of an entity:	* * *,
Cheyenne Moseley	.
Typed or Printed Name	
Asst. Secretary for United States Corporation	n Agents, Inc.
Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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