

L22000363777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

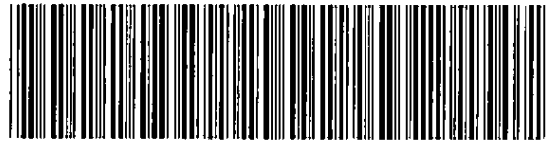
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

2023 OCT 31 AM 9:54

FILED



**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

Registered Agent for Conover & Shea Investments LLC

Name of Limited Liability Company

L22000363777

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:

Cheyenne Moseley

Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILED  
2023 OCT 31 AM 9:54  
TALLAHASSEE, FL  
DEPARTMENT OF STATE

**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withdrawn limited liability company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