L22000412229

| (Re | questor's Name) | | | | |
|-------------------------|-------------------|-----------|--|--|--|
| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | · #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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2024 JUN 14 AM 8: 43

COVER LETTER

| SUBJECT: grant the grant LLC | |
|---|---|
| Name of Limited Liability Company | |
| OCUMENT NUMBER: L22000412229 | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing. | d |
| Please return all correspondence concerning this matter to the following: | |
| United States Corporation Agents, Inc. | |
| Name of Person | |
| _egalzoom.com, Inc. | |
| Name of Firm/Company | |
| 9900 Spectrum Dr. | |
| Address | |
| Austin, TX 78717 | |
| City/State and Zip Code | |
| aresignations@legalzoom.com | |
| E-mail address: (to be used for future annual report notification) | |
| or further information concerning this matter, please call: | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.01 | Florida Statutes, the under | rsigned, | | | | |
|--|--------------------------|--|--|----------------------|-------------|--------|--|
| United States Corporation Agents, Inc. | | | _ , hereby resigns as | | | | |
| | Name of Registered Agent | | | _ thereby resigns as | | | |
| Registered Agent for 9 | rant the grant LLG | С | _ | | | _ | |
| | | | | | | _ | |
| | Name of Lir | mited Liability Company | _ | | | _• | |
| L22000412229 | | | | | | | |
| Document N | umber, if known | <u> </u> | | | | | |
| A copy of this resignati | on was mailed to the | above listed limited liability of | company at its las | t known a | address | | |
| | | ontinued on the 31st day after | | | | | |
| | Eru | k Treidlein | | | | | |
| | | Signature of Resigning Agent | | | | | |
| If signing on behalf of a | an entity: | | | | | | |
| | Erik Treutlein | | | | | | |
| | | Typed or Printed Name | | ΤA | 20 | | |
| | Vice President for U | United States Corporation Age | ents, Inc. | ן רא גרי | 24 | | |
| | | Capacity | | LAHA LAHA | 2024 JUN 14 | | |
| | | | | SSE ₹.⊻. | Ē | | |
| | FILING | FEES: | | 37 S | A | | |
| | \$ 85.00 \$ 25.00 | Active limited liability co Administratively dissolved withdrawn limited liability | mpany d/ voluntarily dis y company | sol | 8: 43 | \cup | |

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