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Office Use Only



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COVER LETTER

Registration Section Division of Corporations SUBJECT: Esilda Morales Rios LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000454254 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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 report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the u | ndersigned, | | | |
|--|-----------------------------|------------|-----------|------|
| United States Corporation Agents, Inc. | , hereby resigns as | - | ~ | |
| Name of Registered Agent | thereby resigns as | | 23 007 | |
| Registered Agent for Esilda Morales Rios LLC | | | <u>-1</u> | |
| | | · . | 7 | ٠ |
| Name of Limited Liability Company | - | | | |
| L22000454254 | | ; - | 1:21 | |
| Document Number, if known | | | | |
| A copy of this resignation was mailed to the above listed limited liabil | lity company at its last kr | ıown add | ress. | |
| The agency is terminated and the office discontinued on the 31st day a | after the date on which th | is statem | ent is fi | led. |
| Signature of Resigning Age | nt | | | |
| If signing on behalf of an entity: | | | | |
| Cheyenne Moseley | | | | |
| Typed or Printed Name | | | | |

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

Asst. Secretary for United States Corporation Agents, Inc. Capacity