L22000482210

(Re	equestor's Name)			
(Ac	idress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Quality Build & Design Pr	ofessionals LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000482210	
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	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 report notification)	
For further information concerning this matter, please call:	
at (773-0888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
	00 0 005000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115	Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.		, hereby resigns as		
Name of Registered Agent		1	Hereby resigns as	
Registered Agent for Q	uality Build & Des	ign Professionals LLC		
	Name of Limi	ted Liability Company		<u></u> •
L22000482210				
Document Nu	mber, if known	········		
_	and the office discor	ntinued on the 31st day after the state of Resigning Agent	ompany at its last known addr the date on which this stateme	
	Cheyenne Mosei	ey ped or Printed Name	r	્રં
	•	nited States Corporation Ager Capacity	nts, Inc.	> ;::In: दर
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	/ˈvoluntarily dissolved/	

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