L23000054867

| (Re | equestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

FILED
2024 MAY 29 AM 9: 08

COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|---|
| SUBJ | ECT: Callen LLC Name of Limited Liability Company |
| DOCI | JMENT NUMBER: L23000054867 |
| | nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted |
| Please | return all correspondence concerning this matter to the following: |
| Unite | d States Corporation Agents, Inc. |
| _ | Name of Person |
| Legal | zoom.com, Inc. |
| | Name of Firm/Company |
| 9900 | Spectrum Dr. |
| | Address |
| Austir | n, TX 78717 |
| | City/State and Zip Code |
| raresi | gnations@legalzoom.com |
| E- | mail address: (to be used for future annual report notification) |
| For fu | ther information concerning this matter, please call: |
| | 800 773-0888 |
| | Name of Person Area Code Daytime Telephone Number |
| liabilit | red is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite y company.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 | ons of section 605.0115, Florida Statutes, the under | signed. | |
|---|---|--------------------------------|---------------|
| United States Corporation Agents, Inc. , hereby res | | hereby recions as | |
| | | . Hereby resigns as | |
| Registered Agent for _ | Callen LLC | | |
| | Name of Limited Liability Company | | · |
| L23000054867 | | | |
| Document N | umber, if known | | |
| A copy of this resignati | on was mailed to the above listed limited liability c | company at its last known addr | ess. |
| The agency is terminate | ed and the office discontinued on the 31st day after | the date on which this stateme | nt is filed. |
| | Signature of Resigning Agent | | |
| If signing on behalf of a | an entity: | TALLAHASS | ı • |
| | Cheyenne Moseley | L Are | |
| | Typed or Printed Name | | 3 |
| | Asst. Secretary for United States Corporation Age | ents, Inc. | |
| | Capacity | 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