L23000076495

(Requestor's Name)	_			
(Address)	-			
(Address)	_			
(City/State/Zip/Phone #)	_			
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(Business Entity Name)	_			
(Document Number)				
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ALLAHASSEE, FLORID

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NW Florida Residential LL	.C
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000076495	
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:	
800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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	15, Florida Statutes, the un	dersigned,		
United States Corporation Agents, Inc.			hereby resigns as	:	
		,			
Registered Agent for $\frac{N}{2}$	IW Florida Reside	ential LLC			
	Name of Li	mited Liability Company	<u></u>		
L23000076495					
Document N	umber, if known				
-	ed and the office disc	above listed limited liability on tinued on the 31st day of the Treatlein Signature of Resigning Agen	fter the date on which		
If signing on behalf of a	an entity:				
	Erik Treutlein				
		Typed or Printed Name			
	Vice President for	United States Corporation	Agents, Inc.	2024 TĂL	
	FILING \$ 85.00 \$ 25.00	Capacity G FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dis: pility company	TALLAHASSEE, FLORI	

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