L23000 111334

(Re	equestor's Name)	
(Ad	ldress)	
	14)	
(AO	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(2)	air a - Fraith Na	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	-
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
		-
	<u> </u>	

Office Use Only



600430589696

05/25/19-01011--009 **29.00

2024 HAY 29 AH 9: 06

COVER LETTER

ΓO: Registration Section	
Division of Corporations	
SUBJECT: CAFM L.L.C.	
Name of Limited Liability Company	
DOCUMENT NUMBER: L23000111334	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submorfiling.	nitted
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:	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Inclosed is a check made payable to the Florida Department of State for \$85.00 for an active limability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn	nted a limite

MAILING ADDRESS:

liability company.

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 provisi	ons of section 605.0115, Florida Statutes, the unde	ersigned.		
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as		
Registered Agent for _	CAFM L.L.C.			
	Name of Limited Liability Company		<u> </u>	
L23000111334				
Document N	Sumber, if known			
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known addre	ess.	
The agency is terminat	ed and the office discontinued on the 31st day after	er the date on which this statemen	nt is filed.	
	Signature of Resigning Agent			
If signing on behalf of	an entity:	ALL.	D L L	-,
	Cheyenne Moseley	AHASS	A	-
	Typed or Printed Name	SSE SSE	٦ ۾	-
	Asst. Secretary for United States Corporation Ag	gents, Inc.	E []	7
	Capacity	FLORIDA	֓֞֝֞֓֞֓֓֓֓֞֝֓֓֞֝֓֓֓֓֓֞֝֓֓֓֓֞֝֟֝ ֡֡֡֡֡֡֡֡)

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