(23000/48547

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| , , , |
| (City/State/Zip/Phone #) |
| (Only/State/Zip/Fillone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer |
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Office Use Only



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03/28/24--01008--001 **25.00

03/28/24

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Ellas Mobile Restrooms Ll | _C |
|--|---|
| Name of Limited Liability | |
| DOCUMENT NUMBER: L23000148947 | |
| 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 th | e following: |
| United States Corporation Agents, Inc. | |
| Name of Person | |
| Legalzoom.com, Inc. | وسر رو د |
| Name of Firm/Company | • |
| 9900 Spectrum Dr. | |
| Address | 7. |
| Austin, TX 78717 | P.112: 53 |
| City/State and Zip Code | 753 |
| raresignations@legalzoom.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (800 Area Code) | 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of | section 605.01 | Florida Statutes, the unde | rsigned, | |
|--|---------------------------------|--|---------------------|----------------------------|
| United States Corporation Agents, Inc. | | , hereby resigns a | c | |
| | e of Registered Ago | ent | thereby resigns a | 3 |
| Registered Agent for Ellas | Mobile Restr | ooms LLC | | |
| | Name of Lir | nited Liability Company | | · |
| | | dan pang | | |
| L23000148947 | | | | |
| Document Number. | if known | | | |
| A copy of this resignation wa | s mailed to the | above listed limited liability | company at its las | t known address. |
| The agency is terminated and | the office disco | ontinued on the 31st day after | r the date on which | h this statement is filed. |
| | | Signature of Resigning Agent | | |
| If signing on behalf of an enti | ty: | | | |
| Che | eyenne Mose | eley | | <u>.</u> . |
| | | yped or Printed Name | | |
| Asst | . Secretary for U | United States Corporation Age | ents, Inc. | |
| | | Capacity | <u> </u> | |
| | | | | PN12: 53 |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit | d/ voluntarily diss | solved/ |

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