L23 000 168 990

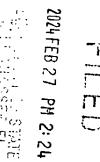
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100424619461

02/27/24--01012--018 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LIACE L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L23000168990
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the 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:
Name of Person at (800) 773-0888 Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115,	Florida Statutes, the unders	igned.			
United States Corporation Agents, Inc.			nereby resigns as			
Name of Registered Agent						
Registered Agent for L	ACE L.L.C.					
	Name of Limite	d Liability Company	 		·	
L23000168990						
Document Ni	imber, if known	_				
A copy of this resignation	on was mailed to the abo	ve listed limited liability co	ompany at its last k	cnown ad	ldress.	
The agency is terminate	d and the office disconti	nued on the 31st day after t	he date on which t	this state:	ment is	filed.
		ignature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mosele	у				
	Турс	ed or Printed Name			2021	
	Asst. Secretary for United States Corporation Agents, Inc.					CALL 123
		Capacity		: .	2024 FEB 27	\$
				5,5		<u>. 1</u> .j.j
				がこ #1 #5	⊒ ¥	
	\$ 25.00	<u>EES:</u> Active limited liability com Administratively dissolved, withdrawn limited liability	/ voluntarily disso	In s.	PH 2: 24	

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