12300305960

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





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05/31/24--01031--013 **25.00

551.34211

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TOP POINT INSPECTION	NS LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000305960	
The enclosed Resignation of Registered Agent for a Limited for filing.	I 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the undersign	ned.
United States Co	rporation Agents, Inc.	reby resigns as
	Name of Registered Agent	co, resigns as
Registered Agent for	TOP POINT INSPECTIONS LLC	
		,
	Name of Limited Liability Company	
L23000305960		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability com	pany at its last known address.
The agency is termina	sted and the office discontinued on the 31st day after the	date on which this statement is filed
	Signature of Resigning Agent	
If signing on behalf of	fan entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents.	, Inc.
	Capacity	<u> </u>
		·
	FILING FEES: \$ 85.00 Active limited liability compa \$ 25.00 Administratively dissolved/ withdrawn limited liability co	uny oluntarily dissolved/

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