# 123000372180

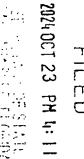
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
J. HORNE			
NOV 1 2 2024			

Office Use Only



400437478784

10/23/34--01023--002 \*\*25.00



## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Nalu Property Manageme	nt LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000372180	
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:	
31 (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

S

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the und	ersigned.	5 E T
	oration Agents, Inc.	, hereby resigns as	23 17
	Name of Registered Agent	_ , nercoy resigns as	20
Registered Agent for N	alu Property Management LLC		76 F.
	Name of Limited Liability Company		•
L23000372180			
Document Nu	imber, if known		
	on was mailed to the above listed limited liability		
The agency is terminated	d and the office discontinued on the 31st day after the second of the 31st day after the second of the 31st day after the 31st	er the date on which the	nis statement is filed.
lf signing on behalf of a	n entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation	Agents, Inc.	
	Capacity	<del></del>	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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