# LB000447491

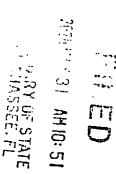
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000427993040

05/31/24--01034--018 \*\*25.00





#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Savvides Wealth & Asset	LLC			
Name of Limited Liability	/ Company			
DOCUMENT NUMBER: L23000447491	<del></del>			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company	and fee ar	e subn	nitted
Please return all correspondence concerning this matter to the	he following:			
United States Corporation Agents, Inc.				
Name of Person	_			
Legalzoom.com, Inc.				
Name of Firm/Company	-			
9900 Spectrum Dr.				
Address	-			
Austin, TX 78717			~1	
City/State and Zip Code	-	: :-	16 34 H	
raresignations@legalzoom.com		24 ;	2674 41 12 3	
E-mail address: (to be used for future annual report notification)	•	となって	(4)	**.,
For further information concerning this matter, please call:		OF S	Aitl	
800 at (	773-0888	TATE	AH 10: 51	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi-	sions of section 605.01	15. Florida Statutes, the unde	rsigned,		
United States Corporation Agents, Inc.			, hereby resigns as		
	Name of Registered Age	, Hereby resigns as	icreby resigns as		
Registered Agent for	Savvides Wealth &	Asset LLC			
	Name of Lii	nited Liability Company			·
L23000447491					
Document	Number, if known				
A copy of this resigna	ntion was mailed to the	above listed limited liability	company at its last k	:nown addr	ress.
The agency is termina	ated and the office disco	ontinued on the 31st day after	the date on which t	his stateme	ent is filed.
		Signature of Resigning Agent			
If signing on behalf o	f an entity:				
	Cheyenne Mose	eley			
	<u> </u>	Typed or Printed Name	-	4.	<b>9</b> 3
	Asst. Secretary for I	United States Corporation Age	ents, Inc.		- ::
	<del></del>	Capacity	<del></del>		. ~
			Š	7.50 7.50 7.50 7.50	: : : ******
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve	mpany	AM 10: 51	Ü
		withdrawn limited liabilit	ly company	<del>-</del>	

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