

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATIENCE FIRST LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000473165

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:

PAIGE ROSS

Name of Person

PATIENCE FIRST LLC

Name of Firm/Company

1979 EAST EDGEWOOD DR SUITE 105

Address

LAKELAND / FL 33803

City/State and Zip Code

PATIENCEFIRST1@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABILIO COSTAR

at (813) 6014040

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ABILIO COSTAR

, hereby resigns as

Name of Registered Agent

Registered Agent for PATIENCE FIRST L.L.C

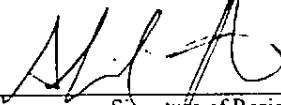
Name of Limited Liability Company

L23000473165

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated 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 an entity:

Typed or Printed Name

Capacity

2021 OCT 19 AM 8:07
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily 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withdrawn limited liability company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