# 12400061391

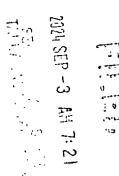
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
umils		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations

h florida LLC
Company
Liability Company and fee are submitted
ne following:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115, Florida Statutes, the unde	ersigned,
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	, hereby resigns as
Registered Agent for	ade in the shade of south florida LLC	
	Name of Limited Liability Company	
L24000067391		
Document Nu	mber, if known	
	on was mailed to the above listed limited liability	EE TO T
	Crik Treutlein Signature of Resigning Agent	
If signing on behalf of an	21	
	Erik Treutlein	7. (*) 3 <b>7</b>
	Typed or Printed Name	·
	Vice President on behalf of United States Corporation A	Agents, Inc.
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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