## H0100007315

(Requ	estor's Name)			
(Address)				
(Addre	ess)			
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## **COVER LETTER**

name of Limited	Liability Company
DOCUMENT NUMBER: M07000007315	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this man	tter to the following:
DAWN M. MEYERS	
Name of Person	<del></del>
BERGER SINGERMAN LLP	
Name of Firm/Company	<u></u>
201 EAST LAS OLAS BOULEVARD, SUITE 1500	
Address	<del></del>
FORT LAUDERDALE, FL 33301	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report notification for further information concerning this matter, pleas	
DEBORAH FANICH 954	
Name of Person Are	a Code Daytime Telephone Number

**Mailing Address:** 

**TO:** Registration Section Division of Corporations

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	n 605.0115, Florida Statutes, the und	lersigned.	دے
DAWN M. MEYERS		hereby resigns as	2022 JUN SECRET
Name of Reg	gistered Agent		
Registered Agent for F.H. PASCHE	N, S.N. NIELSEN & ASSOCIATES L	LC	38 [
			37.0 7 T
	Same of Limited Liability Company		- (S) 12:
M07000007315			22
Document Number, if know	<sub>v</sub> n		
_	ed to the above listed limited liabilit		
	/s/ Dawn M. Meyers		
	Signature of Resigning Agent		
If signing on behalf of an entity:			
	Typed or Printed Name		
<del></del>	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\$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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