M20000002641

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

Office Use Only



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2023 HAR 22 AM IO: 20



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Pnone: 850-558-1500						
ACCOUNT NO. : I2000000195						
REFERENCE : 604152 8323810						
AUTHORIZATION : 1						
COST LIMIT : \$ 25.00						
ORDER DATE: March 22, 2023						
ORDER TIME : 2:12 PM						
ORDER NO. : 604152-020						
CUSTOMER NO: 8323810						
RESIGNATION OF RA						
NAME: UH US BIG PINE 2019 LLC						
XX RESIGNATION OF RA						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Unassigned-EXT#						

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT: Name	of Limited Liability	/ Company
DOCUMENT NUMBER: M20000002641		<u>.</u> .
The enclosed Resignation of Registered A for filing.	agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to t	he following:
RESIGNATIONS DEPARTMENT		
Name of Person		-
CORPORATION SERVICE COMPANY		
Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·	-
251 LITTLE FALLS DRIVE		
Address		-
WILMINGTON, DE 19808		
City/State and Zip Code		-
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annual	report notification)	-
For further information concerning this m	atter, please call:	
RESIGNATION DEPT	800 at (927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	605.0115, Florida Statutes, th	ne undersigned,		
CORPORATION SERVICE COMPAN	, hereby resigns as	hereby resions as		
Name of Regis	stered Agent	(110100) 10118110 45		
Registered Agent for UH US BIG PIN	NE 2019 LLC			
Nau	me of Limited Liability Company			<u> </u>
M20000002641				
Document Number, if known				
A copy of this resignation was mailed. The agency is terminated and the offi	ice discontinued on the 31st d	lay after the date on which t		
	Assistant Vice President Signature of Resigning	Agent	2023 Silv	
If signing on behalf of an entity:			2023 MAR 22 SCARCTAR	enante i j
BY EYLIEN	NA BAKER		22	
	Typed or Printed Name		SSS #	
VICE PRESI	IDENT		S.S.	
	Capacity		OF STATE	3

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