H21000007223

Florida Department of State
Division of Corporations
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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : FL PATEL LAW PLLC
    Account Number : I20170000097
    Phone   : (727)279-5037
    Fax Number   : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ak@cloud9life.com

Email Address:_____

LLC REGISTERED AGENT RESIGNATION
CLOUD 9 LIFE, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$25.00

JUN 22 2021

A. LUNT

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STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

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

FL PATEL LAW PLLC
_____ , hereby resigns as
Name of Registered Agent

Registered Agent for   CLOUD 9 LIFE, LLC
_____

_____,
Name of Limited Liability Company

M20000007223
_____
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.

Kalpesh Patel
_____
Signature of Resigning Agent

If signing on behalf of an entity:

Kalpesh Patel
_____
Typed or Printed Name

Manager
_____
Capacity

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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              withdrawn limited liability company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

INHS17 (2/14)