Ma1000004563

(1	Requestor's Name)	
(,	Address)	
	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	0	
(:	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	ding Officer:	

Office Use Only



300412853513

resignation of



Manue 2 PMILES

A. RAMSEY

AUG - 3 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95	
	REFERENCE	:	893357	8323810	
	AUTHORIZATION	:	- Fine de	Cenan	
	COST LIMIT	:	\$ 25.00		
ORDER DATE : Ju	ly 24, 2023				
ORDER TIME : 10	:48 AM				
ORDER NO. : 89	3357-010				
CUSTOMER NO:	8323810				
	CHANGE OF A	<u>GENT</u>	<u>C</u>		
NAME:	1930 SOUTH MC	CALI	ROAD LLC		
PLEASE RETURN TH	E FOLLOWING AS	PRO	OOF OF FILI	NG:	
CERTIFIE XX PLAIN ST	O COPY AMPED COPY				
CONTACT PERSON:	Unaccioned	רצים	¬++		
CONTRCT FERBON:	ondabildned	ואם	·#		

COVER LETTER

1930 South Mecall Road LLC Name of Limited Liability Company **DOCUMENT NUMBER:** M21000004563 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: 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 matter, please call: RESIGNATION DEPT at (_____)
Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provi	sions of section 605.0115. Florida Statutes, the ur	ndersioned	
CORPORATION SEE		, hereby resigns as	100 P
	Name of Registered Agent	. Hereby resigns as	- A
Registered Agent for	1930 South Mccall Road LLC		
	Name of Limited Liability Company		,
M21000004563			
Documen	Number, if known		
-	ation was mailed to the above listed limited liabiliated and the office discontinued on the 31st day a	ifter the date on which th	
	alixers Weilard-Sons	ion, AVP	
	Signature of Resigning Ager	nt	
If signing on behalf o	f an entity:		
	BY ALEXXIS WEILAND-SORENSON		
	Typed or Printed Name		
	ASSISTANT VICE PRESIDENT		
	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