Ma1000004976

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Dositess Littly Patrie)
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06/27/23--01003--001 **85.00

COVER LETTER

933 18TH AVENUE SOUTH,	LLC	
Nai	me of Limited Liability	Company
DOCUMENT NUMBER: M210000049	976	
The enclosed Resignation of Registere for filing.	d Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence conce	rning this matter to th	ne following:
Sierra Campos		
Name of Person		
First Corporate Solutions Inc		
Name of Firm/Compa	iny	
914 S St		
Address		
Sacramento CA 95811		
City/State and Zip Co	de	
RAServices@ficoso.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this	s matter, please call:	
Sierra Campos	916 at (3138925
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



June 2, 2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Registered Agent Resignation(s)

Hello,

Enclosed are Registered Agent Resignation(s) for filing.

Should you have any questions or concerns, please do not hesitate to reach out.

Registered Agent Department
First Corporate Solutions, Inc.
916.313.8925
RAServices@ficoso.com | www.ficoso.com
914 S Street, Sacramento, CA 95811

2023 JUH 26 MH 7: 4:3

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.011	5, Florida Statutes, the und	ersigned,			
First Corporate Solutions, Inc			_ , hereby resigns as			
	Name of Registered Age		_, , ,			
Registered Agent for	933 18TH AVENUE SO	OUTH, LLC				_
	Name of Lin	nited Liability Company				ب
M21000004976						
Document	Number, if known					
A copy of this resigna	ation was mailed to the	above listed limited liability	y company at its last l	known a	address.	
The agency is termina	ated and the office disco	ontinued on the 31st day aft	er the date on which	this stat	ement i	s filed.
	Rech	Signature of Resigning Agent		. ^ ^	2023 ,10.1	
If signing on behalf o	f an entity:				É	٠.
	Richard Ahrens				26	
		Typed or Printed Name		. I		ن ز
	CFO	Capacity			7: 43	7
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolventher withdrawn limited liability.	company ved/voluntarily disso ility company	olved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314