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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803 Fax Number : (813)436-5206

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

LLC REGISTERED AGENT RESIGNATION 19394 MCCORMICK LLC

Certificate of Status	0
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T. LEMIEUX

MAY 14 2024

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

To: 18506176383

Pursuant to the provisions of	f section 605.011.	5, Florida Statutes, the u	ndersigned,			
REGISTERED AGEN	ITC INC		_			
	me of Registered Age	nt	thereby resigns as			
Registered Agent for193	394 MCCOR	MICK LLC	- nam - : -			
	Name of Lim	ited Liability Company			<u> </u>	
M22000004618						
Document Numbe	r. if known					
A copy of this resignation w	ras mailed to the a	above listed limited liabil	ity company at its last	known addr	ess.	
The agency is terminated ar	d the office disco	ntinued on the 31st day a	after the date on which	this stateme	ent is fi	iled.
		Wid Boert S. Signature of Resigning Age	nt			
If signing on behalf of an er	ntity;			٠.	20	
_		David Roberts		<u>.</u>	2024 MAY 13	***************************************
	Т	yped or Printed Name		.> "	~	1
_	A:	ssistant Secretary		32.		1
		Capacity		ξĊ	7	
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	FILING	FEES:		무품	AH 8: 02	
	\$ 85.00 \$ 25.00	Active limited liability	olved/voluntarily disso	olved/		

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