L18000057543

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

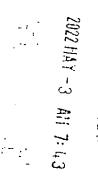


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COVER LETTER

- 1

TO: Registration Section Division of Corporations	
SUBJECT: L.Shields Artistry, LLC	
Name of Limited Liability C	Lompany
DOCUMENT NUMBER: L18000057543	
The enclosed Resignation of Registered Agent for a Limited I for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statu	tes, the undersigned,	2022 118.7
United States Corpora	ation Agents, Inc.	, hereby resigns as	
Na Na	ime of Registered Agent	, , notedy realigns as	ù
Registered Agent for L.St	nields Artistry, LLC		<u>=</u>
	Name of Limited Liability Com	pany	ਾ ਹੈਂਡ
L18000057543			
Document Numb	er, if known		
A copy of this resignation	was mailed to the above listed limi	ited liability company at its last kno	own address.
The agency is terminated a	nd the office discontinued on the I	31st day after the date on which thi	s statement is filed.
	Signature of Res	igning Agent	
If signing on behalf of an e	ntity:		
C	heyenne Moseley		
_	Typed or Printed Na	me	
A	sst. Secretary for United States Co	prporation Agents, Inc.	
_	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