h18000285244

(Requestor's Name)
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2022 APR 13 PM 4: 28
SECRETARY OF STATE

COVER LETTER *

SUBJECT: Subject: Name of Limited Liability	/ Company
DOCUMENT NUMBER: L18000285244	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
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:	
at (773-0888 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisi	ions of section 605.0115, Florida Statutes, the unders	igned.	<u>-</u> 1	~	
United States Corporation Agents, Inc.		_ , hereby resigns as	SEC	022	
	Name of Registered Agent	neredy resigns as	AH.	APR	77
Registered Agent for G	Gunsmith & Sons L.L.C.		IARY ASSI	2022 APR 13	
				PM	177
	Name of Limited Liability Company		- 10 07.1	PM 4: 28	. 0
L18000285244				æ	
Document	Number, if known				
	tion was mailed to the above listed limited liability co ted and the office discontinued on the 31st day after t				filed
	Signature of Resigning Agent		mo suici	nem is	med.
If signing on behalf of	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	nts, Inc.			
	Capacity				

\$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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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