# L19 000005483

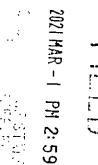
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### **COVER LETTER**

SUBJECT: Space Coast Candles LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L19000005483	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800 at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 605.01	<ol><li>Florida Statutes, the under</li></ol>	signed,			
United States Corporation Agents, Inc.			hereby resigns as			
Name of Registered Agent				.5		
Registered Agent for	Space Coast Cand	dles LLC				
	Numa ar Li	nited Liability Company				_,
	Name of En	uned Dabinty Company				
L19000005483						
Document?	Number, if known	<del></del>				
A copy of this resignat	tion was mailed to the	above listed limited liability c	ompany at its las	st know	n addres	s.
The agency is terminal	ted and the office disco	ontinued on the 31st day after	the date on whic	h this sı	atemen	is filed
	<del></del>	Signature of Resigning Agent				
If signing on behalf of	an entity:				202	
	Cheyenne Mose	eley			2021 MAR -	-1-j
	<del></del>	Typed or Printed Name			Ž <del>o</del> I	eres
	Asst, Secretary for	United States Corporation Age	nts, Inc.			
		Capacity	- <del></del>	.:	PH 2:	
					2: 59	E.
	<u>FILING</u>	FEES:		• •	_	
	\$ 85.00 \$ 25.00	Active limited liability cor Administratively dissolved withdrawn limited liabilit	npany I/ voluntarily dis y company	solved/		

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