119000187396

(Requestor's Name)		
(Address)		
(Address)		
(Ĉity/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
DEC 09 2021		

Office Use Only



200376923142

11/49/L1--E1911 (891 (+21.67)



COVER LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: BLK Graffiti LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L19000187396	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	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	
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 (
Name of Person at (_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 9 AM 3: 56

Pursuant to the provision	is of section 605.0115, Florida Si	atutes, the undersigned.	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	(
Registered Agent for B	LK Graffiti LLC		
	Name of Limited Liability	·ompany	· · · · · · · · · · · · · · · · · · ·
L19000187396			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed	limited liability company at its last know	own address.
The agency is terminated	d and the office discontinued on t	he 31st day after the date on which thi	s statement is filed.
	Signature of	Resigning Agent	
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Prime	Name	
	Asst. Secretary for United States	Corporation 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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