L21000493411

(Demonstrate News)			
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Cartification of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J DENNIS			
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AUG - 7 2023			

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2023 HIN IL PH 3: L2

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Elements & Concepts LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000493411	
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	
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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provisio	ns of section 605.011	5. Florida Statutes, the under	signed.		
United States Corporation Agents, Inc.		nc.	, hereby resigns as		
Name of Registered Agent			nereoy resigns us		
Registered Agent for \underline{E}	lements & Conce	pts LLC			
	Name of Lin	nited Liability Company			•
L21000493411					
Document No	umber, if known				
A copy of this resignation	on was mailed to the	above listed limited liability c	ompany at its last known a	address.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this stat	ement is	filed.
		Signature of Resigning Agent			
If signing on behalf of a	in entity:				
	Cheyenne Mose	eley			
		Typed or Printed Name		20	,
	Asst. Secretary for t	United States Corporation Age	nts, Inc.	23	
		Capacity		2023 JUN 14	RE FARY
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	d/ voluntarily dissolved/ -	PH 3: 42	OF STATE

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