L23000 276663

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNAG AUS 2 1 2023				
AUG & L. 1823				

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07/25/23--01012--016 **840.00

COVER LETTER

SUBJECT: Nar	ne of Limited Liab	oility Company	
DOCUMENT NUMBER: 12300027666	5.3		
The enclosed Resignation of Registere for filing.	d Agent for a Lim	nited Liability Company and fee are submi	ittec
Please return all correspondence conce	rning this matter	to the following:	
BRITINEY FULGHUM			
Name of Person			
LEGALCORP SOLUTIONS, LLC			
Name of Firm/Compa	iny		
3 GREENWAY PLAZA STE 1320			
Address			
HOUSTON, TX 77046			
City/State and Zip Co	de		
sec.cotton@yahoo.com			
E-mail address: (to be used for future and	nual report notification	on)	
For further information concerning this	s matter, please ca	all:	
BRITTNEY FULGHUM	888 at (534-3018 Ode Daytime Telephone Number	
Name of Person	Area Co	Ode Daytime Telephone Number	

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of:	section 605.0115, Florida Stat	utes, the undersigned,	
LEGALCORP SOLUTIONS, I	.LC	, hereby resigns as	
Name of Registered Agent			
Registered Agent for COTTO	N INTERNATIONAL LLC		
	Name of Limited Liability Co	mpany	
1.23000276663			
Document Number,	if known		
A copy of this resignation wa	s mailed to the above listed lin	nited liability company at its last known address.	
The agency is terminated and	the office discontinued on the	31st day after the date on which this statement is filed.	
	Signature of Re	rsigning Agent	
If signing on behalf of an enti	ity:		
TRA	AVIS CRABTREE		
	Typed or Printed N	Rame	
ME	MBER		

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

123 JUL 25 AM 8: 1

SHORETARY OF STATE