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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 : (702)865-2500

Fax Number : (702)900-2290

**Enter the email address for this business entity to be used for future ¬ annual report mailings. Enter only one email address please. **

Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION LETS BOOTH IT, LLC

Certificate of Status	0
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JUN 2 1 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LETS BOOTH IT, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: M16000006770
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wendy Hefley
Name of Person
Incorp Services, Inc.
Name of Firm/Company
3773 Howard Hughes Parkway, Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code
processing@incorp.com
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Incorp Services, Inc./Wendy Hefley at (702 866-2500 ext 6904 Area Code 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\$85,00 for an active limited liability company or \$25,00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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	ons of section 605.011	5, Florida Statutes, the unders	igned,		
Incorp Services, Inc.		. }	, hereby resigns as		
	Name of Registered Ager	at	··-· -··) / -····· 6 ···· ····		
Registered Agent for _	LETS BOOTH IT,	LLC			
					.
	Name of Lim	ned Liability Company			
M16000006	3770				
Document ?	iumber, if known	•••••			
A copy of this resignat	ion was mailed to the a	bove listed limited liability co	ompany at its last known	address	5.
The agency is terminat	ed and the office disco	ntinued on the 31st day after t	he date on which this sta	tement	is filed.
	*****************************	Signature of the signing ogent	,		
If signing on behalf of	an entity:				
	Wendy Hefley fo	r Incorp Services, Inc.			
	T	yped or Printed Name			
	Authorized Repr	esentative	·; -		
		Capacity	-	2023 J' '' 2	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	/voluntarily dissolved/	23 - KH 8: 28	'

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