# 4500068831

,	(Requestor's Name)	- <u>-</u>			
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	(City/State/Zip/Phone #)				
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## **COVER LETTER**

Division of Corporations
SUBJECT: AC Fabrics, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000068831
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing.
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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provision	ns of section 605.011	5. Florida Statutes, the unders	igned,			
United States Corporation Agents, Inc.  Name of Registered Agent, h			_ , hereby resigns as			
			, nercoj resigns ta			
Registered Agent for A	C Fabrics, LLC					
	Name of Lim	nited Liability Company			<u>_</u> .	
L15000068831						
Document Nu	ımber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability co	ompany at its last knowr	ı addres	iS.	
The agency is terminate	d and the office disco	ontinued on the 31st day after to	he date on which this st	atement	is file	:d.
If signing on behalf of a	n entity:			<u></u>	~3	
Cheyenne Moseley		eley		ALLAHASSEE.	022	
	Т	yped or Printed Name	<del></del>		<b>₽</b>	r.
Asst. Secretary for United States Cor		Jnited States Corporation Age	nts, Inc.	523	_	- I
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability con Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved/	STATE FLORIDA	2022 JUN 14 PM 5: 38	m O

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