L15000129074

(Requestor's Name)
(requestor sirtame)
(Address)
(Address)
(Madress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ethic) Hamey
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

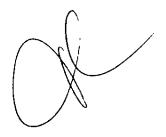




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COVER LETTER (

TO: Registration Section Division of Corporations

SUBJECT: Minotauro Apparel, LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L15000129074			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are s	submitt	ed
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	€5	20	
9900 Spectrum Dr.	TAL.	73 OC	
Address	A.A.	ゴ	Carrest Carrest
Austin, TX 78717	AASS	2023 OCT 31 AM 9: 59	
City/State and Zip Code	ωn Lugh	ِ ۾	
raresignations@legalzoom.com	2000年	5.9	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the under	signed.
United States Corporation Agents, Inc.		hereby resigns as
	Name of Registered Agent	Thereby (Golgia Ma
Registered Agent for M	finotauro Apparel, LLC	
	Name of Limited Liability Company	·
L150001290 7 4		
Document No	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability o	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statement is filed.
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after Signature of Resigning Agent	
lf signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, 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