

L04 000051781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

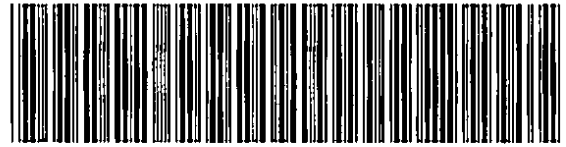
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2021 DEC -3 PM 12:00

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C. BRUMBLEY  
DEC 20 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUZIE TRAN COLLECTIBLES, LLC.  
Name of Limited Liability Company

DOCUMENT NUMBER: 104000051701

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:

SUZANNE T. LOUDEN

Name of Person

SUZIE TRAN COLLECTIBLES, LLC.  
Name of Firm/Company

6256 BURLINGTON AVE N

Address

ST PETERSBURG, FL 33710

City/State and Zip Code

SUETLOUDEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE T. LOUDEN

305

471212

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SUZANNE T. LOUDEN

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for SUZIE TRAN COLLECTIBLES, LLC.

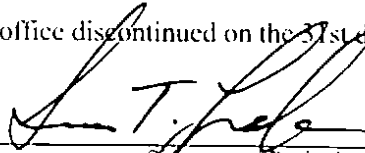
\_\_\_\_\_  
Name of Limited Liability Company

L04000051781

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited 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 Resigning Agent

If signing on behalf of an entity:

SUZANNE T. LOUDEN

\_\_\_\_\_  
Typed or Printed Name

REGISTERED AGENT

\_\_\_\_\_  
Capacity

SECRET  
12/31/2021

2021 DEC -3 PM 12:00

FILED

## **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