L10000130140

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(Address)
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COVER LETTER

TO: Registration Section Division of Corporations

_{SUBJECT:} Gourmandise,LLC			
Name of Limited Liability	Company	_	
DOCUMENT NUMBER: L10000130140			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee	are submitted	
Please return all correspondence concerning this matter to the	he 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:		2023 SEC	
800 at (773-0888	THAR TO	- Tara
Name of Person Area Code	Daytime Telephone Number		·
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an add, voluntarily dissolved or w	ctive limited	ď

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 provision	ons of section 605.011	5, Florida Statutes, the under	signed,			
United States Corp	, hereby resigns as					
	Name of Registered Age		, noreby resigns as			
Registered Agent for	Gourmandise,LLC					
	Name of Lin	nited Liability Company			<u> </u>	
L10000130140						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability (company at its last kr	nown addi	ress.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which th	nis stateme	ent is f	iled.
		Signature of Resigning Agent				
If signing on behalf of a	an entity:					
	Cheyenne Mose	eley		10	21	
	Т	yped or Printed Name		m)231	
	Asst. Secretary for U	Jnited States Corporation Age	ents, Inc.	<u></u>	7. 7. 7.	n (
	-	Capacity		==;	2023 KAR 20	****
				7, 7, (
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liabilit	npany d/ voluntarily dissol y company	.!' ved/ '	MH 10: 39	428

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