## 11300019833

estor's Name)				
ess)				
ess)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificate	s of Status			
Special Instructions to Filing Officer:				
	ess)  State/Zip/Phon  WAIT  ness Entity Na  ment Number			

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## legalzoom

February 15, 2018

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Attached is the Statement of Resignation of Registered Agent document as well as a check for \$25.00 for the filing fee. This is to inform you that Cheyenne Moseley hereby resigns its appointment as registered agent for the following entity:

Entity: THE GRAB BAG LLC Document #: L13000019833

The registered office is also discontinued.

Notice of resignation has been sent to the entity at its principal office located a 603 SW 2nd St., Gainesville, FL 32601 on January 17, 2018.

Sincerely,

Joyce Yi
Manager, Registered Agent Division
jyi@legalzoom.com
(323) 962-8600 x7789
101 N. Brand Ave. Fl. 11
Glendale, CA 91203

## **COVER LETTER**

Division of Corporations				
The Grab Bag LLC				
Name o	f Limited Liability	Company		
DOCUMENT NUMBER: L1300001983	3			
The enclosed Resignation of Registered Agfor filing.	gent for a Limited	Liability Company	and fee are sub	mitted
Please return all correspondence concerning	g this matter to th	ne following:		
Joyce Yi				
Name of Person		-		
LegalZoom.com, Inc.				
Name of Firm/Company		•		
101 N. Brand Blvd. Fl. 11				
Address				
Glendale, CA 91203				
City/State and Zip Code	. ,	•		
			٠,	
E-mail address: (to be used for future annual r	eport notification)	•	2018 SE	a ( a
For further information concerning this ma	tter, please eall:		FEB CRET	
Joyce Yi	323	962-8600 x7789  Daytime Telephone		Green Committee
Name of Person	Area Code	Daytime Telephone	Number TO	[ ]
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis liability company.	orida Departmen tratively dissolve	t of State for \$85.00 d, voluntarily dissolv	for ancactive lined of with the second	
MAILING ADDRESS:	STREI	ET ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle		
Tallahassee, FL 32301				

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

Pursuant to the provisions of section 605.0115, Florida Statute	es, the undersigned,
Cheyenne Moseley	, hereby resigns as
Name of Registered Agent	
Registered Agent for The Grab Bag LLC	
Name of Limited Liability Compa	any,
L13000019833	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited. The agency is terminated and the office discontinued on the 31 Signature of Resignature of Resignature.	lst day after the date on which this statement is filed.
If signing on behalf of an entity:  Typed or Printed Nam	EB 20
Capacity	P P P P P P P P P P P P P P P P P P P

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