L14000058103

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Becament Hamber)
Certified Copies Certificates of Status
Canalal Instructions to filling Office.
Special Instructions to Filing Officer:



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Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Julie's Pins & Needles, LL	С
Name of Limited Liability	Company
DOCUMENT NUMBER: L14000058103	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e 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 (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.0115	, Florida Statutes, the unde	rsigned,	
United States Corpo	oration Agents, Inc	D	, hereby resigns as	
	Name of Registered Agent			
Registered Agent for <u>Ju</u>	lie's Pins & Needl	es, LLC		
	Name of Limi	ted Liability Company	,	
L14000058103				
Document Nur	mber, if known			
A copy of this resignatio	n was mailed to the al	bove listed limited liability	company at its last known address.	
The agency is terminated	d and the office discor	ntinued on the 31st day afte	r the date on which this statement is file	d.
		Signature of Resigning Agent		
If signing on behalf of ar	n entity:		21	
0 0	Cheyenne Mosel	ley	2023 OCT 3.1 NH	
	Ту	ped or Printed Name	Ţ.	
	Asst. Secretary for U	nited States Corporation Ag	gents, Inc.	
		Capacity	nt.	
			· +	
	FILING	FEES:	29	
	\$ 85.00 \$ 25.00	Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/ ity company	

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