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(R	equestor's Name))
(A	ddress)	
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(C	ity/State/Zip/Phor	ne #)
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COVER LETTER

SUBJECT: Simple Soap, LLC			
Name of Limited Liability Company			
DOCUMENT NUMBER: L14000114402			
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:			
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			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Janna Pantoja at (1800 773-0888 x3950 Area Code Daytime Telephone Number			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.			

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 605.0115, Florida Statutes, the under	signed,
United States Corporation Agents, Inc. , hereby		hereby resigns as
		The ready ready like
Registered Agent for	Simple Soap, LLC	
	Name of Limited Liability Company	 ,
L14000114402		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability of	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
If signing on behalf of an entity:		· · · · · · · · · · · · · · · · · · ·
	Cheyenne Moseley	nove los
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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