L15000107177

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone			
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer;				





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COVER LETTER

SUBJECT: ChampionCraft, LLC Name of Li	mited Liability	Company
DOCUMENT NUMBER: L15000107177		
The enclosed Resignation of Registered Agent for filing.	t for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	nis matter to th	ne following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
101 North Brand Blvd. 11th Floor		
Address	 	
Glendale, CA 91203		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter	, please call:	
;	800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisions of section 605.0115, Florida Statutes, the unc	dersigned,		- >	
United States Corporation Agents, Inc.	_ , hereby resigns as	سر ده د	2021 JAH	
Name of Registered Agent	Hereby redigita da	7	<u>الإ</u>	
Registered Agent for ChampionCraft, LLC			- ع د 5	
		4	1	: : و عدون
Name of Limited Liability Company			17:15	,
L15000107177			15	
Document Number, if known				
A copy of this resignation was mailed to the above listed limited liabilit	y company at its last k	nown add	ress.	
The agency is terminated and the office discontinued on the 31st day af Signature of Resigning Agent		nis statem	ent is fil	æd.
If signing on behalf of an entity:				
Cheyenne Moseley				
Typed or Printed Name				
Asst. Secretary for United States Corporation A	Agents, Inc.			
Capacity				

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company