LIC0000 10852

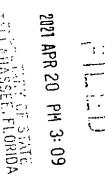
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COVER LETTER

SUBJECT: Name of Limited Liab	oility Company
DOCUMENT NUMBER: L16000010852	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitte
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	
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 notification	on)
For further information concerning this matter, please ca	ill:
800 at (773-0888
Name of Person Area C	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ns of section 605.011	5. Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc. Name of Registered Agent, here					
			_ thereby resigns as		
/icked Treats, LL0	C.				_
Name of Lin	nited Liability Company				_ .
imber, if known					
d and the office disco	ontinued on the 31st day after the Signature of Resigning Agent				
					
	• •	gents, Inc.			
\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabil	ed/voluntarily diss ity company	TALLAHASSEE FLORIDA	2021 APR 20 PM 3: 09	
	Name of Registered Age /icked Treats, LLC Name of Lin Same of Lin Name of Lin Name of Lin Name of Lin Name of Lin Same of Lin Name of Lin Name of Lin Same of Lin Name of Lin Name of Lin Name of Lin Name of Lin Same of Lin Name of Lin Name of Lin Same of Lin Name of Lin N	Name of Registered Agent //icked Treats, LLC. Name of Limited Liability Company Imber, if known on was mailed to the above listed limited liability d and the office discontinued on the 31st day after Signature of Resigning Agent n entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agent Capacity FILING FEES: \$ 85.00 Active limited liability of \$ 25.00 Administratively dissolv withdrawn limited liabil	Name of Registered Agent Ficked Treats, LLC. Name of Limited Liability Company Imber, if known In was mailed to the above listed limited liability company at its last dand the office discontinued on the 31st day after the date on which signature of Resigning Agent In entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity FILING FEES: \$ 85.00 Active limited liability company	oration Agents, Inc. Name of Registered Agent ficked Treats, LLC. Name of Limited Liability Company mber, if known on was mailed to the above listed limited liability company at its last known d and the office discontinued on the 31st day after the date on which this sta Signature of Resigning Agent n entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company The Corporation Agents and the company of t	Name of Registered Agent Ficked Treats, LLC. Name of Limited Liability Company Manne of Limited Lia

Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314