L16000148586

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

Office Use Only



400421880904

01/17/24--01010--015 **25.00

2024 JAN I T PM 3:51 SECRET/ART OF STATE

COVER LETTER

Registration Section Division of Corporations SUBJECT: Charles' Destiny, LLC Name of Limited Liability Company DOCUMENT NUMBER: L16000148586 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 raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the	e undersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	(Hereby resigns us	
Registered Agent for	Charles' Destiny, LLC		
	Name of Limited Liability Company		·
L16000148586			
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited lia	ibility company at its last know	n address.
The agency is terminate	ed and the office discontinued on the 31st da	y after the date on which this st	tatement is filed.
	ed and the office discontinued on the 31st da Signature of Resigning A	ORETZ STATE Agent	TAN 17
If signing on behalf of an entity:			TO 61
	Cheyenne Moseley	ितः महा	ယ္ ^{အစိ}
	Typed or Printed Name	رب سرچز	5
	Asst. Secretary for United States Corporati	ion Agents, 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