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SEORETARY OF STATE

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#### **COVER LETTER**

SUBJECT: Amy Kristin Interiors, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000055500 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 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) For further information concerning this matter, please call: Jazmine Johnson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provis	ions of section 605.011:	5, Florida Statutes, the unde	rsigned.		
United States Corporation Agents, Inc.			, hereby resigns as		
	Name of Registered Agent		· · · · · · · · · · · · · · · · · · ·		
Registered Agent for					
	Name of Lim	ited Liability Company		<del>,</del>	
L17000055500					
Document	Number, if known				
A copy of this resigna	tion was mailed to the a	bove listed limited liability	company at its last	known address.	
The agency is termina	ted and the office disco	ntinued on the 31st day afte	r the date on which	n this statement is filed.	
If signing on behalf of	an entity:	Signature of Resigning Agent			
	Cheyenne Mose	lev			
	Typed or Printed Name				
	Asst. Secretary for U	Inited States Corporation Ag	jents, Inc.		
	<del>.</del>	Capacity	<del></del> -		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily diss	2020 AUG -4 3EGRETARY	
	Make checks payab	ole to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:	-4 AMID: 48 ARY OF STATE HASSEE, FL	