L11000066523

(Requestor's Name)
(Address)
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(riddiess)
(City/State/Zip/Phone #)
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(Business Entity Name)
(========,
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COVER LETTER ..

TO: Registration Section Division of Corporations

SUBJECT: Bulk and Singles Clothing	, LLC
Name of Limited Liability	
DOCUMENT NUMBER: L17000066523	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisi	ons of section 605.011	Florida Statutes, the under	signed,			
United States Cor	poration Agents, In	C.	hereby resigns as			
	nereoy resigns as					
Registered Agent for _	Bulk and Singles C	lothing, LLC	<u> </u>			
	Name of Lim	ited Liability Company				
	Name of Lim	ned Clathiny Company				
L17000066523						
Document N	lumber, if known					
A copy of this resignat	ion was mailed to the a	bove listed limited liability of	company at its last k	enown ade	tress	
		ntinued on the 31st day after				filed.
		rik Treutlein				
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	Erik Treutlein			 1	~>	
	Ty	pped or Printed Name		کارا کاراز	1 29	
	Vice President for U	nited States Corporation Age	nts, Inc.	LAHAS	Ē	77
		Capacity		ASS	2024 JUN 13	
				Eg		П
	FILING	FEES:		FLORI	PM 4: 25	
	\$ 85.00 \$ 25.00	Active limited liability cor Administratively dissolved withdrawn limited liability	npany I/ voluntarily disso y company	lved/	25	

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