

L17000094797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. CHATHAM
AUG 28 2023

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2023

DAVID COZZETTE
7365 MERCHANT COURT, SUITE 6
LAKEWOOD RANCH, FL 34240 US

SUBJECT: MOON & COMPANY EYEWEAR, LLC
Ref. Number: L17000094797

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 223A00016377

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOON + COMPANY EYEWEAR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000094797

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:

DAVID Cozzette
Name of Person

COZZETTE ACCOUNTING CO LLC
Name of Firm/Company


7365 MERCHANT COURT Suite 6
Address

LAKEWOOD RANCH FL, 34240
City/State and Zip Code

Dave @ CozzetteAccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID Cozzette at (941) 755-9700
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

PLEASE SEE ATTACHED check

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DAVID CORZETTE, hereby resigns as
Name of Registered Agent

Registered Agent for MOON + COMPANY EYEWEAR LLC

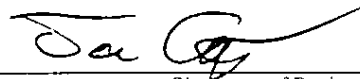
Name of Limited Liability Company

L17000094797

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company
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

2023 AUG 23 AM 11:43