L17-000197598

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
(511)/51515121[57 115115 11]	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(220,1000 2,111)	
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COVER LETTER

TIMUCUAN OUTDOORS LLC	
JBJECT: TIMUCUAN OUTDOORS, LLC Name of Limited Liability Company	
DCUMENT NUMBER: L17000197598	
e enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitting.	itted
ease return all correspondence concerning this matter to the following:	
nited States Corporation Agents, Inc.	
Name of Person	
galzoom.com, Inc.	
Name of Firm/Company	
11 North Brand Blvd. 11th Floor	
Address	
endale, CA 91203	
City/State and Zip Code	
resignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
further information concerning this matter, please call:	
Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

	ions of section 605.0115. Florida Statutes, the undersigned.	
United States Co.	rporation Agents, Inc. hereby resi	igns as
	Name of Registered Agent	
Registered Agent for	TIMUCUAN OUTDOORS, LLC	. 622
		ماسه ماسه مراجع مراجع
	Name of Limited Liability Company	52) HARRI 6
L17000197598		72 2
	Number, if known tion was mailed to the above listed limited liability company at	its last known address.
A copy of this resigna		its last known address.
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability company at ted and the office discontinued on the 31st day after the date on Superiore of Resigning Agent	its last known address.
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability company at ted and the office discontinued on the 31st day after the date on Superiore of Resigning Agent	its last known address.
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability company at ted and the office discontinued on the 31st day after the date on Superiore of Resigning Agent an entity:	its last known address.
A copy of this resigna	tion was mailed to the above listed limited liability company at ted and the office discontinued on the 31st day after the date on Superiore of Resigning Agent an entity: Cheyenne Moseley	its last known address.

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