L18000058706

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COVER LETTER

Division of Corporations
SUBJECT: ponder and pose, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000058706
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:
at (
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provisio	ns of section 605.0115, Florida Statut	es, the undersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	AM 6: 49
		, nereby resigns as	6: 1
Registered Agent for P	onder and pose, LLC		ق بــــــــــــــــــــــــــــــــــــ
	Name of Limited Liability Comp	pany	 ,
L18000058706			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed limi	ted liability company at its last	known address.
The agency is terminate	d and the office discontinued on the 3 Signature of Resi		this statement is filed.
f signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printed Nar	ne	
	Asst. Secretary for United States Co.	rporation 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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