# L18000156937

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

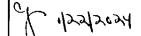




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12/22/23--01026--016 \*\*25.00

2023 FEC 22 FEE 5: 24



### **COVER LETTER**

SUBJECT: Horizen LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000156937	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

### MAILING ADDRESS:

liability company.

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

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**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes	the undersigned,	
United States Cor	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, hereby resigns us	
Registered Agent for _	Horizen LLC		
	Name of Limited Liability Compa	ny	,
L18000156937			
Document N	umber, if known		
	on was mailed to the above listed limite ed and the office discontinued on the 31:  Signature of Resign an entity:  Cheyenne Moseley	st day after the date on which this sta	ntement is filed.
	Typed or Printed Name		
	Asst. Secretary for United States Corp	oration Agents, Inc.	
	Capacity	2: 24	
	FILING FEES: \$ 85.00 Active limited l \$ 25.00 Administrative withdrawn lim	liability company ly dissolved/ voluntarily dissolved/ ited liability company	

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