L18000186248

(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:

Office Use Only



600327574236

Q4/22/19--Q1Q41--Q11 **25.00

019 APR 22 PH 4: 45

0 W 1 3. 28*K*TA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EVIL-WORLD CLOTHING L	LC	
Name of	f Limited Liability	Company
DOCUMENT NUMBER: L1800018624	8	
The enclosed Resignation of Registered Agfor filing.	gent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to th	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		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this ma	tter, please call:	
Kasandra Lund	1 800	773-0888 x3951
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the under	signed.	
United States Corporation Agents, Inc		hereby resigns as	
		. Hereby resigns as	
Registered Agent for E	VIL-WORLD CLOTHING LLC		
	Name of Limited Liability Company		_ ,
L18000186248			
Document N	umber, if known		
	on was mailed to the above fisted limited liability of and the office discontinued on the 31st day after Signature of Resigning Agent		
ff signing on behalf of a	in entity:	,	20]
Cheyenne Moseley		A L	2
	Typed or Printed Name Asst. Secretary for United States Corporation Age	ents, inc.	70119 APR 22
	Capacity	SEE, FL	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company