## L18000247012

(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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01/19/21--01009--003 \*\*25.00



2/28/21

## **COVER LETTER**

SUBJECT: V'S ROYAL TEES & CUSTOMIZATIONS	LLC	
SUBJECT: V'S ROYAL TEES & CUSTOMIZATIONS LLC  Name of Limited Liability Company		
DOCUMENT NUMBER: L18000247012		
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted	
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		
800	773-0888  Daytime Telephone Number	
Name of Person Area Cod	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STRI	'FT ADDRESS'	

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANYPH 1: 14

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Florida	a Statutes, the undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for V'S ROYAL TEES & CUST	TOMIZATIONS LLC
Name of Limited Liabil	ity Company
L18000247012	
Document Number, if known	
	ed limited liability company at its last known address.  The 31st day after the date on which this statement is filed.  The of Resigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United Sta	ates Corporation Agents, Inc.
Capacit	ly .

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