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TALLAHASSELFL

COVER LETTER

TO: Registration Section Division of Corporations

_{SUBJECT:} WRTDWN Labs LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000255712	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0113	5, Florida Statutes, the unders	signed.		
United States Corpo	oration Agents, In	c.	, hereby resigns as		
Name of Registered Agent					
Registered Agent for W	RTDWN Labs LL	С			
		ited Liability Company	· ·	-	 ·
L18000255712					
Document Nu	mber, if known				
The agency is terminated		ntinued on the 31st day after Signature of Resigning Agent	the date on wh	nich this statemer	nt is filed.
	Cheyenne Mose	lev			
	т	yped or Printed Name Inited States Corporation Age Capacity	ents, Inc.	2023 DEC 27 PH 12: 2 SCOULLAND OF STATE SCOULLANDSSEE. FE	
	FILING \$ 85.00 \$ 25.00	<u>FEES:</u> Active limited liability co- Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily sy company	PH 12: 21 Y OF STANE CSSEE, FIVE dissolved	

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