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| Certified Copies | Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | |
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JULY STORES

COVER LETTER

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| TO: | Registration Section Division of Corporations | | *** |
|--------------------|--|----------------|---|
| | 211 | | |
| SUBJ | ECT: Yenzz Clothing LLC | | |
| | Name of Lim | ited Liability | Company |
| DOC | JMENT NUMBER: L18000281957 | 4. | |
| The er for fili | nclosed Resignation of Registered Agent f ng. | or a Limited | Liability Company and fee are submitted |
| Please | return all correspondence concerning this | matter to th | e following: |
| Unite | d States Corporation Agents, Inc. | | |
| | Name of Person | | |
| Legai | zoom.com, Inc. | | |
| | Name of Firm/Company | | |
| 101 N | North Brand Blvd. 11th Floor | | |
| • | Address | | |
| Gleno | dale, CA 91203 | | |
| | City/State and Zip Code | · | |
| rares | ignations@legalzoom.com | | |
| E | mail address: (to be used for future annual report | notification) | |
| For fu | rther information concerning this matter. [| olease call: | |
| Janna | a Pantoja | , 800 | 773-0888 x3950 |
| | Pantoja at Name of Person | Area Code | Daytime Telephone Number |

liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi | ons of section 605.0115 | . Florida Statutes, the unders | tigned. | | | |
|--|--------------------------------|---|-------------------|----------------|------------------|----------|
| United States Corporation Agents, Inc. | | hereby resign | IS 95 | | | |
| Name of Registered Agent | | | merce ji reci gir | | | |
| | Yenzz Clothing LLC | 1 | | <u> </u> | . | ~ |
| | Name of Limi | ted Liability Company | | | | • |
| L18000281957 | | | | | | |
| Document 1 | Number, if known | | | | | |
| A copy of this resignal | ion was mailed to the a | bove listed limited liability c | ompany at its | last known : | iddress | ٠. |
| The agency is terminal | ted and the office discor | Signature of Resigning Agent | the date on w | hich this stat | ement | is filed |
| If signing on behalf of | an entity: | | | 17.7 135 | 2(| |
| Cheyenne Moseley | | | | 100 A | 20 JAN -(| **** |
| | ľ | ped or Printed Name | | 過至 | -2 <u>-</u> 1 | 11 |
| | Asst. Secretary for U | nited States Corporation Age | nts, Inc | SE | ٥, | |
| | | Capacity | | 9.3 9.3 | MH: 19 | C D |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit | Wyolumarily. | (D) Em | 19 | |

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