

L1900005529

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 120390300032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
ICE SISTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2022 MAR -9 PM 1:41

FLORIDA DEPARTMENT OF STATE
FALL 2022 MAR -9 PM 1:53

2022 MAR -9 PM 1:53

APPROVED
AND
FILED

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for ICE SISTERS, LLC

Name of Limited Liability Company

L19000005529

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKE

Type or Printed Name

DP

Capacity

FILING FEES:

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withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2022 MAR -9 PM 1:53

APPROVED
AND
FILED

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

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