# L19000006770

(Red	questor's Name)	
(Add	dress)	. <u>.</u> .
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	Q. SILAS	
A	inv 12 2021	ĺ

Office Use Only



700375811817

11/02/21--01009--009 \*\*25.00

2021 NOV -2 PH 12: 51

### **COVER LETTER**

Division of Corporations	
SUBJECT: Supplied Lightling RainBros LLC	•
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L19000006770	
The enclosed Resignation of Registered Agent for a Limito for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	<b>_</b>
Legalzoom.com, Inc.	
Name of Firm/Company	_
9900 Spectrum Dr.	
9900 Spectrum Dr. Address	_
Austin, TX 78717	
City/State and Zip Code	<del>-</del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call	:
	773-0888
Name of Person Area Coc	e Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissol- liability company.	ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn limit

### 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-2 PHI2: 51

Pursuant to the provisions of section 605,0115. Flor	rida Statutes, the undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for Gifting RainBros LLC	
Name of I mited the	ability Company
L19000006770	
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 discontinue	ed on the 31st day after the date on which this statement is filed.
- Sign,	note of Resigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
lyped or	r Printed Name
Asst. Secretary for United	States Corporation Agents, Inc.
Cap	nacity

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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