# LI90CCC32147

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### **COVER LETTER**

SUBJECT: Name of Limited Liability Comp	Dany
DOCUMENT NUMBER: L19000032147	
The enclosed Resignation of Registered Agent for a Limited Liabifor filing.	ility Company and fee are submitted
Please return all correspondence concerning this matter to the following	owing:
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	<b>7</b> 0
City/State and Zip Code	000
raresignations@legalzoom.com	1 23
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	PH 315 3: 55 4-0888
at (	·
Name of Person Area Code Day	time 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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	ons of section 605.0115. Florida Statutes, the unders	igned.	
United States Corp	poration Agents, Inc.	hereby resigns as	
	Name of Registered Agent	······································	
Registered Agent for	Sentier Apparel LLC		
	Name of Limited Liability Company	·	
L19000032147			
Document N	Sumber, if known		
_	ion was mailed to the above listed limited liability content and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement is t	filed.
If signing on behalf of	an entity:	20 OCT	
	Cheyenne Moseley	——————————————————————————————————————	7,100
	Typed or Printed Name Asst. Secretary for United States Corporation Age Capacity		RY OF STATE
		.v.	<u> </u>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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