# 419000071641

(Requestor's Name)				
(Address)				
(Address)				
(City/S	State/Zip/Phone	e #)		
☐ SICK-NS	MAIT	MAIL		
(Busin	ess Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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	AUG - 7	2023		

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SECRETARY OF STATES

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Winston Online Enterprise	
Name of Limited Liability	v Company
DOCUMENT NUMBER: L19000071641	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
Name of Person at ( Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5. Florida Statutes, the undersig	ned,		
United States Cor	poration Agents, Ir	C.	reby resigns as		
	Name of Registered Age	. HC	reov resigns as		
Registered Agent for _	Winston Online En	erprises LLC	. <u> </u>		_
	Name of Lim	ited Liability Company			_,
L19000071641					
Document N	Sumber, if known				
A copy of this resignat	ion was mailed to the a	bove listed limited liability com	many at its last known	address	•
The agency is terminate	ed and the office disco	ntinued on the 31st day after the	date on which this sta	tement	is filed.
		Cu			
		Signature of Resigning Agent	<del></del>		
If signing on behalf of	an entity:				
	Cheyenne Mose	ey			
	T:	ped or Printed Name	<del></del>		
	Asst. Secretary for U	nited States Corporation Agents	, Inc.		
		Capacity		20	21
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability compa Administratively dissolved/ v withdrawn limited liability co	ny oluntarily dissolved/ ompany	2023 JUN 14 PM 5: 12	FILED STATE OF STATE
	Maka ahaaku waxak	AA Chadda Danaa A CC	1 11 .	-	r -

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