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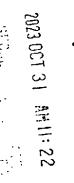
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COVER LETTER

SUBJECT: Immaculate Tattoos LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000109171 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5. Florida Statutes, the und	ersigned,		
United States Corporation Agents, Inc.		_ , hereby resigns as		
Name of Registered Agent				
Registered Agent for Immaculate Tattoo	s LLC			
		-		
Name of Lin	nited Liability Company			
L19000109171				
Document Number, if known				
A copy of this resignation was mailed to the a	above listed limited liability	company at its last kno	wn address.	
The agency is terminated and the office disco	ntinued on the 31st day after	er the date on which this	statement is file	ed.
. <u></u>	CUU Signature of Resigning Agent	 -		
If signing on behalf of an entity:				
Cheyenne Mose	ley	=	20	
	Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.		2023 OCT	- Fi
Asst. Secretary for C	Capacity	gents, Inc.	<u>်</u> မ	التحديد) التحديد)
FILING \$ 85.00 \$ 25.00		ed/ voluntarily dissolve	1 AH II: 27	

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