# h19000124858

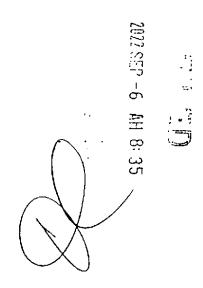
(Requestor's Name)
(Address)
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800393794508

BROWN CONTRACTOR CONTRACTOR



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Wally's Custom Designs LLC  Name of Limited Liability Company  DOCUMENT NUMBER: L19000124858	
The enclosed Resignation of Registered Agent for a Limited Liability Company for filing.	y and fee are submitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.  Name of Person	
Legalzoom.com, Inc.	2027
Name of Firm/Company	7022 SEP - 6
9900 Spectrum Dr.	9-6
Address	= ==
Austin, TX 78717	. ထ ထ
City/State and Zip Code	35
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 773-0888	
Name of Person at (800) 773-0888  Area Code Daytime Telephon	e Number
Enclosed is a check made payable to the Florida Department of State for \$85.0 liability company or \$25.00 for an administratively dissolved, voluntarily dissolubility company.	0 for an active limited lived or withdrawn limited

## 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 605.0115, Florida Statutes, the unde	ersigned,	
	poration Agents, Inc.		
	Name of Registered Agent	, hereby resigns as	
Registered Agent for _	Wally's Custom Designs LLC		
	Name of Limited Liability Company		
L19000124858			
Document N	lumber, if known		
	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day afte		led.
	Signature of Resigning Agent	2022 SEP -6	
If signing on behalf of	an entity:	SEI	-
	Cheyenne Moseley	·	٠
	Typed or Printed Name		-1
	Asst. Secretary for United States Corporation Ag-	ents, Inc.	5 U .
	Capacity	ents, Inc. AH 8: 35	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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