# L19000134063

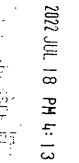
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
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Special Instructions to Filing Officer:

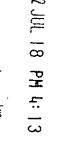
Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: BRANDS LCC (Name of Corporation)			
DOCUMENT NUMBER: 4 19000134063			
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing	ŗ.	
Please return all correspondence concerning this matter to the following:			
(Name of Person)			
(Name of Firm/Company)		2022	
(Address)	REGISHASSELFL	JUL	i i
(Address)	<b>5</b>	8	-
OSPREP, FL 34119	(S) 2	PH	j j
(City/State and Zip Code)		<del></del>	West.
For further information concerning this matter, please call:	T <u>:</u> ,	ū	
(Name of Person) at ()  (Name of Person) (Area Code & Daytime Telephone Number)	ner)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0503(2), 617	.0502(2), 607.150	9, or 617.	1509.		
Florida Statutes, the undersigned,	6 EU/FE	島でも言 ame of Registered Ag T BNATOS				
	(N)	ame of Registered Ag	ent)			
hereby resigns as Registered Agent for _						
	, ,	(Name of Corporation	1)			
L 1900 134063						
(Document Number, if known)	- <del></del>					
A copy of this resignation was mailed to	the above liste	d corporation at it	s last knov	wn adc	lress.	
The agency is terminated and the office this statement is filed.	discontinued or	i the 31st day after	the date	on whi	ch	
(	Gentle	Bone				
(Signature of Resigning Agent)				<del></del>	2022	
If signing on behalf of an entity:				Albo SEG	2022 JUL 18 PM 4:	1
(*	Typed or Printed N	ame)			PH 4: 13	
	(Capacity)					

### Fee for filing this document:

\$87.50 - Active Corporation
 \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

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