119000136505

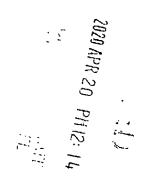
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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O SIMMONS APR 30 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Monkey Vending LLC	
	Liability Company
DOCUMENT NUMBER: L19000136505	
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
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	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notion	fication)
For further information concerning this matter, plea	ise call:
	00 773-0888 x3950
Name of Person At (rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section	STREET ADDRESS:
registration section	Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statute	s, the undersigned,			
United States Corporation Agents, Inc. Name of Registered Agent	, hereby resigns as	:	2020 APR 2p	
	. Hereby resigns us			
Registered Agent for Monkey Vending LLC			≅ 2	
Name of Limited Liability Compa	iny		P 2:	
L19000136505				
Document Number, if known				
A copy of this resignation was mailed to the above listed limite	ed liability company at its last kn	own add	ress.	
The agency is terminated and the office discontinued on the 31	st day after the date on which th	is statem	ent is fil	led.
Signature of Resig	ning Agent			
If signing on behalf of an entity:				
Cheyenne Moseley				

Typed or Printed Name
Asst. Secretary for United States Corporation Agents, Inc.
Capacity

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