# L19000152350

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A STATE OF THE STA		
<u> </u>		

Office Use Only



400434828644

08/16/24--01031--003 \*\*25.00



# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Leggio Group LLC  Name of Limited Liability Com  DOCUMENT NUMBER: L19000152350	pany
·	<del></del>
The enclosed Resignation of Registered Agent for a Limited Liab for filing.	oility Company and fee are submitted
Please return all correspondence concerning this matter to the fol	lowing:
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)	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

For further information concerning this matter, please call:

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 provision	ns of section 605.0115, Florida Statutes, the unders	igned, صے
United States Corpo	oration Agents, Inc.	hereby resigns as
<del></del> :	Name of Registered Agent	
Registered Agent for Le	eggio Group LLC	- 6 K
		A STATE OF THE STA
	Name of Limited Liability Company	
L19000152350		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after	the date on which this statement is filed.
	Crik Treedlein Signature of Resigning Agent	
If signing on behalf of a	0 0 0	
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corporation Ag	ents, 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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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