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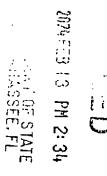
(Requestor's Name)
(Address)
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, , ,
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(on,) one of the one of
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

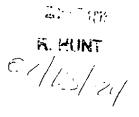
Office Use Only



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02/13/24--01027--010 **25.00





COVER LETTER

Division of Corporations				
SUBJECT: Like a G6 LLC	ability Company			
DOCUMENT NUMBER: L19000201156				
The enclosed Resignation of Registered Agent for a Lifer filing.	mited Liability Company and f	ee arc	subn	nitted
Please return all correspondence concerning this matte	r to the following:			
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.			: ;	
Name of Firm/Company			:	
9900 Spectrum Dr.	:	61.	<u></u>	
Address		7 7 7	<u></u>	: { \} ';
Austin, TX 78717	, , ,	n SI	3 PH 2: 34	
City/State and Zip Code		ºATE	ဋ္ဌ	
raresignations@legalzoom.com		• • •	·	
E-mail address: (to be used for future annual report notificat	ion)			
For further information concerning this matter, please of	caff:			
at (<u>800</u>	773-0888			
Name of Person Area	Code Daytime Telephone Numb			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the unders	signed,		
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Age		nereby resigns as		
Registered Agent for L	ike a G6 LLC				<u>-</u>
	Name of Lin	nited Liability Company			<u></u> ,
L19000201156					
Document No	umber, if known				
A copy of this resignation	on was mailed to the :	above listed limited liability co	omnany at its last know	m addre	•ee
_		·	, ,		
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this s	tatemer	it is filed
		CLIL			
		Signature of Resigning Agent			
If signing on behalf of a	in entity:				
	Cheyenne Moseley				
	ľ	'yped or Printed Name		13 8 July	
	Asst. Secretary for United States Corporation Agents, In		nts, Inc.	عَد	
		Capacity		ũ	1
			က် ကြက်	ΡH	<u> </u>
			E.S.	2	Towns of
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved	ဌ	

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