119000245352

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/01/21--01016--014 **25.00

FILED
2021 APR -1 PM 3: 30
SECRETARE OF STATE
ASSEE, FLORIDA

COVER LETTER

Division of Corporations .	,
SUBJECT: Horny Toad Weight Company LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>L19000245352</u>	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section

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 605.011:	5, Florida Statutes, the unc	lersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as			
		nt	, hereby resigns as		
Registered Agent for H	orny Toad Weight	t Company LLC			_
	Name of Lim	rited Liability Company			_,
L19000245352					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	y company at its last kno	own addres	ss.
The agency is terminated lf signing on behalf of an		ntinued on the 31st day aft		s statement	is filed
		yped or Printed Name			
		Inited States Corporation A	gents, Inc.		
	-	Capacity	TĂĘ,	2021 	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	company /ed/ voluntarily dissolve lity company	2021 APR -1 PM 3: 30	Ting of the second seco

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