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| (Requestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Name of Limited Liability | Company |
| DOCUMENT NUMBER: L19000306053 | |
| 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 | e following: |
| 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) | |
| For further information concerning this matter, please call: | |
| at () | 773-0888 Daytime Telephone Number |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 provisions | of section 605.011 | 5. Florida Statutes, the under | rsigned, |
|--|--|--|--|
| United States Corporation Agents, Inc. | | hereby resigns as | |
| Na | ame of Registered Age | | , hereby resigns as |
| Registered Agent for | a Waffle Cafe L | LC | |
| | Name of Lim | ited Liability Company | , |
| L19000306053 | | | |
| Document Numb | er, if known | | |
| A copy of this resignation v | was mailed to the a | above listed limited liability of | company at its last known address. |
| The agency is terminated as | nd the office disco | ntinued on the 31st day after | the date on which this statement is filed. |
| If signing on behalf of an e | ntity: | | ~~~ ~~ |
| Cheyenne Moseley | | 100 May 100 Ma | |
| _ | Typed or Printed Name | | |
| A | Asst. Secretary for United States Corporation Ag | | ents, Inc. |
| | | Capacity | M 7:32 |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit | d/ voluntarily dissolved/ |

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