h20000001648

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ı
. <u> </u>	_	





000390756760

262 JUL 14 PH 2: 23

OCT 6 2022 **5. PRATHER**

COVER LETTER

SLIP LECT. Showstopper Sports Cards & Collectibles L	LC
SUBJECT: Name of Limited Liability	
DOCUMENT NUMBER: L20000001648	
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	
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:	
800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

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	ons of section 605.0115, Florida Statutes, the under	rsigned.	
United States Corp	poration Agents, Inc.	. hereby resigns as	
· · · · · · · · · · · · · · · · · · ·	Name of Registered Agent	•	
Registered Agent for S	Showstopper Sports Cards & Collectibles	LLC	
	Name of Limited Liability Company	,	
L20000001648			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is fi	iled.
	Signature of Resigning Agent		21
If signing on behalf of a	an entity:	TALL Advises	2022 JUL 14 PM
	Cheyenne Moseley	三 5	
	Typed or Printed Name		Ŧ .
	Asst. Secretary for United States Corporation Age	ents, Inc.	PH :
	Capacity	LORIDA	2: 23

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