L200005624

(Requestor's Name)	
(Address)	6004
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/20.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600400657106

01/20/23--01004--004 **25.00

2023 JAN 20 AM 7: 19

A BUTLER MAR 27 2023

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: THERESA MILLER COAC	CHING LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000005624	
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:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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 2023 JAN 20 AM 7: 19

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unde	rsigned,
United States Co	rporation Agents, Inc.	, hereby resigns as
Name of Registered Agent		nereov reaigns as
Registered Agent for	THERESA MILLER COACHING LLC	
_	Name of Limited Liability Company	,
L20000005624		
Document	Number, if known	
	ation was mailed to the above listed limited liability	
The agency is termina	ated and the office discontinued on the 31st day after	r the date on which this statement is filed.
If signing on behalf o	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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