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(((H210004596583)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052

Phone : (850)656-7956

Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

### LLC REGISTERED AGENT RESIGNATION MOISS HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
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# Halooo459658 3

TO: Registration Section Division of Corporations

SUBJECT: MOISS HOLDINGS LLC		<del>-</del>		
Name of Limited Liability DOCUMENT NUMBER: L20000023097	Company			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee at	- re submi	itted	
Please return all correspondence concerning this matter to the	e following:			
Amanda Archambault				
Name of Person				
Incorporating Services, Ltd.				
Name of Firm/Company		F5.	2022	
3500 S DuPont Highway			2022 FEB -7	~-
Address		(5) 2 s	-7	ŗ
Dover, DE 19901		** <u>**</u>		[
City/State and Zip Code		28 28 28	AH 10: 20	ί
klook@lncserv.com		\$ <del></del> -	20	
E-mail address: (to be used for future annual report notification)	•			
For further information concerning this matter, please call:				
Kai Look 302	531-0703			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Ha1000459658 3

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes	, the undersigned,	
Incorporating Service	es, Ltd.	, hereby resigns as	
	Vaine of Registered Agent	, , , , , , , , , , , , , , , , ,	
Registered Agent for MC	DISS HOLDINGS LLC		
0 0	•		
-	Name of Limited Liability Compar	ny ,	
1.20000023097			
Document Num	ber, if known		
		d liability company at its last known address.	
The agency is terminated	and the office discontinued on the 31s	it day after the date on which this statement is file	ed.
-	Signature of Resign	chambautt ing Agent	
If signing on behalf of an	entity:	<u>.</u>	
	Amanda Archamb	ault Section 25	2022
-	Typed or Printed Name	#= \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E33
	Assistant Secreta	ry	
-	Capacity		-7

FILING FEES: \$85.00 Activ Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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