# L200000 45463

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provision	ons of section 605.0115, Florida Statut	es, the undersigned,			
United States Corp	hereby resigns :	_ , hereby resigns as			
	Name of Registered Agent	, nercoy resigns t	٠.,		
Registered Agent for _	Nature's Way Honey LLC				
	Name of Limited Liability Comp	pany		,	
L20000045463					
Document N	lumber, if known				
A copy of this resignati	ion was mailed to the above listed limi	ted liability company at its las	st known addre	:SS.	
The agency is terminate	ed and the office discontinued on the 3	1	th this statemen	nt is file 2021 APR	ed.
If signing on behalf of	an entity:		=======================================	AP.	
	Cheyenne Moseley			<u>-</u> 2	4.5 4.4
	Typed or Printed Nan	ne	če.		77
	Asst. Secretary for United States Con	rporation Agents, Inc.		<u>=</u>	و معدد الري
	Capacity		<u> </u>	84 II: 45	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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