L2000102632

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Turmerican Styles Food L	
Name of Limited Liability	
DOCUMENT NUMBER: L20000102632	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 60	5.0115, Florida Statutes, the unders	signed,	
United States Corporation Agen	ts, Inc.	hereby resigns as	
Name of Register	ed Agent	neredy resigns as	
Registered Agent for Turmerican St	yles Food L.L.C.		_
Name	of Limited Liability Company		
L20000102632			
Document Number, if known			
A copy of this resignation was mailed to	o the above listed limited liability co	ompany at its last known addre	SS.
The agency is terminated and the office	discontinued on the 31st day after the state of Resigning Agent	the date on which this statemen	it is filed.
If signing on behalf of an entity:			
Cheyenne I	Moseley		
	Typed or Printed Name	~	,
Asst. Secretar	y for United States Corporation Age	nts, Inc.	350
\$ 83	Capacity LING FEES: 5.00 Active limited liability cor 5.00 Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved/ 🧪 👱	CRPORATION

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