L20000125806

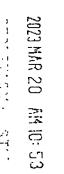
(Requestor's Name)
<u> </u>
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000403501670

0. 11.1. -1.310 -01. • -11.1



Ra Risignation

JUN 01 2023 D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations					
SUB.	TOXXIK LLC ECT: Name	of Limited Liability	Company			
DOC	UMENT NUMBER: 1.20000125806	•	Company			
	nclosed Resignation of Registered A		d Liability Cor	npany and fee are	e submit	tted
Pleas	e return all correspondence concern	ing this matter to t	he following:			
Ryan	otter					
	Name of Person		=			
ZenBı	isiness Inc.					
	Name of Firm/Company	,	-			
336 E	College Ave. Suite 301					
	Address		-			
Tallah	assee, FL 32301					
	City/State and Zip Code		_			
ra@ze	nbusiness.com					
	-mail address: (to be used for future annua	il report notification)	_		. 2	
For fi	irther information concerning this n	natter, please cali:			2023 HAR	
Ryan	Potter	844 at (493-6249	, 74 (5.5)	HAR 2	enament
	Name of Person	Area Code	Daytime Tele	phone Number	7.0	ं गाव
liabil	sed is a check made payable to the ty company or \$25.00 for an admin d liability company.	Florida Departmer iistratively dissolve	nt of State for \$ ed, voluntarily	85.00 for an acti	ve limit idrawn . ၂	3 + 9

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

REGISTERED AGENTS INC.	
Name of Registered Age	, hereby resigns as
Registered Agent for	
TOXXIK LLC	
Name of Lin	nited Liability Company
1.20000125806	
Document Number, if known	
A copy of this resignation was mailed to the	above listed limited liability company at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	Signature of Resigning Agent
If signing on behalf of an entity: Registered Agents In	
Registered Agents In	ac. by David Roberts
	ic. by David Roberts

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