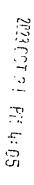


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





10/31/23--01024--003 **25.90





COVER LETTER

TO: Registration Section Division of Corporations	.
SUBJECT: A&C Prints LLC Name of Limited Liability L20000128165	y Company
DOCUMENT NUMBER: L20000128165	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	the 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:	
800	773-0888
Name of Person at (at Code	773-0888 Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limit

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	ns of section 605.0115, Florida Statutes, the unde	ersigned.
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	thereby resigns as
Registered Agent for A	&C Prints LLC	
	Name of Limited Liability Company	·,
L20000128165		
Document Nu	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	2653 (C.1. U
If signing on behalf of a	n entity:	7
	Cheyenne Moseley	.
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	gents, Inc.
	Capacity	 . ບໍລິ

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