120000160880

(Re	questor's Name)	
(Ad	dress)	_
(Add	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Name)	·
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
J.	HORNE	
MAI	R Z 5 2022	

Office Use Only



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COVER LETTER

SUBJECT: eNVy Photography LLC Name of Limited Liability	
	Company
DOCUMENT NUMBER: L20000160880	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 at (773-0888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the u	indersigned,			
United States Corporation Agents, Inc. Name of Registered Agent Registered Agent for eNVy Photography LLC		, hereby resigns as	Z-S	20:	
		, hereby resigns as		2022 MAR	
		·		— —⇒	-
	Name of Limited Liability Company		7.769	H 10: 45	
L20000160880				5	
Document No	umber, if known				
-	on was mailed to the above listed limited liabiled and the office discontinued on the 31st day				iled.
	Signature of Resigning Age	ent			
If signing on behalf of a	in entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation	n Agents, Inc.			
	Capacity				

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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