# 120000198247

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### **COVER LETTER**

SUBJECT: 365 Warriors LLC  Name of Limited Liab	lity Company
DOCUMENT NUMBER: L20000198247	
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	<del>-</del> -
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	<del>n)</del>
For further information concerning this matter, please ca	II:
31 (800	773-0888 ode Daytime Telephone Number
Name of Person Area Co	ode Daytime Telephone Number

#### MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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 605.011	5. Florida Statutes, the unde	ersigned.			
United States Corporation Agents, Inc.  Name of Registered Agent			, hereby resigns as			
			Hereby resigns as			
Registered Agent for $\frac{3^{\circ}}{}$	65 Warriors LLC					
<del></del>	Name of Lim	nited Liability Company			,	
L20000198247						
Document Nu	ımber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last	known addr	ress.	
The agency is terminate	d and the office disco	Signature of Resigning Agent	r the date on which	this stateme	ent is f	iled.
If signing on behalf of a	in entity:					
	Cheyenne Mose	eley		7.7. 33.5.	202	
		yped or Printed Name United States Corporation Ag	gents, Inc.	LLA <sub>5</sub>	2021 SEP .	T
		Capacity		AY OF ST ASSEE, F	-7 AH 8.	LED
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily diss	STATE Solved/	) )	CD

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