L20000203193

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Селіficates of Status	
Special Instructions to Filing Officer:	
J DENNIS	
AUG - 7 2023	ľ

Office Use Only



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2023 JUN 14 PM 5: 09

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Outfitters United LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000203193	
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	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:	
Name of Person at (Area Code	773-0888 Daytime Telephone Number
	e ay time receptions retained

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.011	Florida Statutes, the unders	signed,		
United States Corporation Agents, Inc.			heraby regions as		
Name of Registered Agent		, hereby resigns as			
Registered Agent for C	outfitters United LI	LC			_
	Name of Lin	nited Liability Company			_•
	Nume (it 12m	mico Gainny Company			
L20000203193					
Document No	imber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability co	ompany at its last know	n address.	
The agency is terminate	d and the office disco	ontinued on the 31st day after (the date on which this st	tatement is	s filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley			
	Т	yped or Printed Name		201	<u>:::</u>
	Asst. Secretary for L	Inited States Corporation Ager	nts, Inc.	<u>ස</u> .	(함 , 코
		Capacity		2023 JUN 14	im ZZm
				-P -	<u> </u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	npany / voluntarily dissolved/ / company		3.1A1E

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