L20000205048

	<u> </u>			
	(Req	uestor's Name	!)	
				<u></u>
	(Add	ress)		
	(Add	ress)		
	(City	/State/Zip/Pho	ne #)	
PICK-UF	>	MAIT		MAIL
	(Rusi	iness Entity Na		
	(003	mess Entity M	arrie)	
	(LOCC	ument Numbe	r)	
Certified Copies Certificates of Status				
Special Instructions	to F	iling Officer:		
·		_		
•				

Office Use Only



600398938416

12/13/22--01006--019 **25.00

2022 DEC 13 AH 9: 19

A. RIVERS

COVER LETTER

Registration Section Division of Corporations SUBJECT: The Singing Chef LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000205048 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unders	signed,			
United States Corporation Agents, Inc.		, hereby resigns as			
Registered Agent for	he Singing Chef LLC			_	
	N. Alexander C.			_•	
	Name of Limited Liability Company				
L20000205048					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liability o	ompany at its last known:	address.	•	
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this sta	tement i	s file	d.
	Signature of Resigning Agent				
If signing on behalf of an entity:		:	2.02))	
Cheyenne Moseley			7. OF C)]	
	Typed or Printed Name				سب
	Asst. Secretary for United States Corporation Age	nts, Inc.	٠)	- <u> </u> -
	Capacity		HT	P	
			ب - -	<u>ه</u> -	
	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved withdrawn limited liability	<pre>!/ voluntarily dissolved/ -</pre>		~	

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