LZC CCOA12953

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		

Office Use Only



000358115870

01/25/21~-01031~-003 *+25.00

MAR 0 6 2021 S. YOUNG

EBEL JAN 25 PH 11:47

COVER LETTER

Division of Corporations	
SUBJECT: Agile Swordfish LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000212988	
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	-
101 North Brand Blvd. 11th Floor	
Address	-
Glendale, CA 91203	
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 (800 Area Code	773-0888
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section

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	s of section 605.011	5. Florida Statutes, the unde	ersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as		
		nt	Hereby resigns as	
Registered Agent for Ag	gile Swordfish LL	С		
	Name of Lin	nited Liability Company		 ,
L20000212988				
Document Nur	nber, if known			
A copy of this resignation	n was mailed to the a	above listed limited liability	company at its last known a	iddress.
The agency is terminated	and the office disco	ontinued on the 31st day after	r the date on which this state	ement is filed.
If signing on behalf of an	entity:			
	Cheyenne Moseley			20
		yped or Printed Name		2021 JAN
	Asst. Secretary for United States Corporation Ag		ents, Inc.	Ž
		Capacity		25
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily dissolved/	PM 11: 4-7

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