# 120000335949

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
Certified Copies Certificates of Status		
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### **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000235949	
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:	
at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provis	ions of section 605.0115, Florida Statutes, the under	signed,	2
United States Corporation Agents, Inc. , here		hambu usalisaa	2021 SET -
		_ , hereby resigns as	
Registered Agent for Wilson Merchandising LLC			1
- 0 .			PH
	Name of Limited Liability Company		PH 3:
L20000235949			. 6
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability c	ompany at its last know	n address.
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this s	tatement is filed.
	Signature of Resigning Agent	<del></del>	
lf signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name	<del></del>	
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company