# L20000236200

(R	equestor's Name)			
(A	ddress)			
(A)	ddress)			
(C	iity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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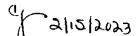
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THE UVC SHOP LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L20000236200	
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:
Chelsea Chapman	
Name of Person	•
Legaline Corporate Services, INC.	
Name of Firm/Company	•
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	risions of section 605.01	15, Florida Statutes, the unc	lersigned,		
Legaline Corporate Services, INC.  Name of Registered Agent		_ , hereby resigns as			
		=	_ , , ,		
Registered Agent fo	THE UVC SHOP LLC				_
		imited Liability Company			_•
L20000236200					
Documen	nt Number, if known				
A copy of this resign	nation was mailed to the	above listed limited liabilit	y company at its last k	nown address.	,
The agency is termin	nated and the office disc	Signature of Resigning Agen		his statement i	s filed.
If signing on behalf	of an entity:			2022 NOV 1 5	
	Chelsea Chapman			1. NO	
	-	Typed or Printed Name	<del></del>		1
	On Behalf of Legali	inc Corporate Services, INC.		<i>C</i> :	i**
	FILING  O \$ 85.00  O \$ 25.00	Capacity  G FEES:  Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissol ility company	AM 7: 17 SEE, FL lved	j

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