L20000238181

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Ĉi	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
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COVER LETTER

SUBJECT: Red Clay Society LLC Name of Limited Liabili	y Company
DOCUMENT NUMBER: 1.20000238181	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Cory Betts	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Ave. Suite 301	
Address	_
Tallahassee, FL 32301	
City/State and Zip Code	_
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call	
Cory Betts 844	493-6249
Name of Person Area Cod	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provisions of section 605.01	15, Florida Statutes, the ur	idersigned,	
Registered Agents Inc.		, hereby resigns as	
Name of Registered Agent			
Registered Agent for Red Clay Society LLC			
Name of Li	mited Liability Company		·
1.20000238181			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liabil	ity company at its last known ac	ddress.
The agency is terminated and the office disc	ontinued on the 31st day a	ifter the date on which this state	ment is filed.
David	Signature of Resigning Ager	nt	
If signing on behalf of an entity:			
Registered Agents h	nc. by David Roberts		~3
	Typed or Printed Name	Per	2023 MAY
Assistant Secretary			# 1
	Capacity	ASS	126
		SEI	يهبيس
CH INC	ree.	7.0 11.	2
FILINC \$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited lial	y company Noted/voluntarily dissolved/ bility company	PH 4: 09

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