120 000249005

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
Q. SILAS	5			
1				

Office Use Only



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05/18/22--01005--010 **25.00

SECRETARY OF STATI

COVER LETTER

SUBJECT: Future is Female LLC Name of Limited Clability Company				
DOCUMENT NUMBER: L20000249005				
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:				
Name of Person at (Area Code	773-0888) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 16 AM 9:50

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ons of section 605.0115. Florid	da Statutes, the undersigned.		
United States Corporation Agents, Inc.		hereby i	, hereby resigns as	
	Name of Registered Agent	,	4015110 40	
Registered Agent for F	uture is Female LLC			
	Name of Limited Liah	ility Company	·	
L20000249005				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above lis	sted limited liability company	at its last known address.	
The agency is terminate	ed and the office discontinued	on the 31st day after the date	on which this statement is filed.	
	Signatu	re of Resigning Agent	-	
If signing on behalf of a	in entity:			
Cheyenne Moseley				
	Typed or P	rinted Name	_	
	Asst. Secretary for United S	tates Corporation Agents, Inc.		
	Capac	ity	_	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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