120000255410

(Requestor's Name)	
(Address)	30037415
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	19/04/2101022
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	_ ,

Office Use Only



53763

2--019 **25.00

90- 12 Wi I ALBRITTON

COVER LETTER

SUBJECT: Mariah Moore LLC	
Name of Limited Liability DOCUMENT NUMBER: L20000255410	(Company
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	he 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:	
800	773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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	ns of section 605.0115. Florida Statutes, the unders	igned,		
United States Corporation Agents, Inc.		hereby recions as		
<u>-</u>	Name of Registered Agent . hereby resigns as			
Registered Agent for M	ariah Moore LLC			
	Name of Limited Liability Company			
L20000255410				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed limited liability co	omnany at its last known a	ddress	
The agency is ferminated	d and the office discontinued on the 31st day after t	he date on which this state	ement is	filed.
	Signature of Resigning Agent			
If signing on behalf of ar			2ú	
	Cheyenne Moseley		2021 OCT -4	
	Typed or Printed Name		<u> </u>	
	Asst. Secretary for United States Corporation Ager	nts, Inc.	+-	
	Capacity		<u> </u>	. ;
			VI 10: 10	ريب
			0.1	
	FILING FEES: \$ 85.00 Active limited liability con \$ 25.00 Administratively dissolved withdrawn limited liability	/ voluntarily dissolved/		