# K20000256789

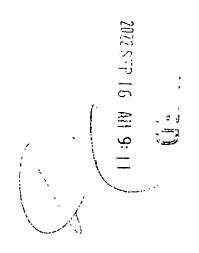
(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Tampa Potter's House LL	C	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L20000256789		
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submi	itted
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	2	
City/State and Zip Code	2022 \$ 2702	
raresignations@legalzoom.com	Ü	٠.
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	至	، ۵ ر ر <del>ده</del> ر
at (	ب ب 2773-0888 – —	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the unders	igned,
United States Corporation Agents, Inc. , hereby re		hereby resigns as
		resigns as
Registered Agent for _	Tampa Potter's House LLC	
	Name of Limited Liability Company	,
L20000256789		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after t	he date on which this statement is filed.
	Signature of Resigning Agent	02287716
If signing on behalf of an entity:		<b>A</b>
	Cheyenne Moseley	9
	Typed or Printed Name	<del>-</del>
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	Capacity	

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