# 

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

Office Use Only





#### COVER LETTER

Green Lotus CBD LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L20000283760 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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: Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

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

INHS17 (2/14)

TO:

Registration Section Division of Corporations

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

| Pursuant to the provision | ons of section 605.011         | 5, Florida Statutes, the unde  | ersign <b>ed</b> ,        |                |           |
|---------------------------|--------------------------------|--|---------------------------|----------------|-----------|
| Name of Registered Agent  |                                |  | , hereby resigns as       |                |           |
|                           |                                |  | , t transply transgrap to |                |           |
| Registered Agent for      | Green Lotus CBD                | LLC  |                           |                |           |
|                           | •                              | <u> </u>   |                           |                | _         |
|                           | Name of Lin                    | nited Liability Company  |                           |                | _'        |
| L20000283760              |                                |  |                           |                |           |
| Document N                | umber, if known                | <del></del>  |                           |                |           |
| A copy of this resignati  | on was mailed to the           | above listed limited liability   | company at its last       | known address  |           |
| The agency is terminate   | ed and the office disco        | ontinued on the 31st day afte  | er the date on which      | this statement | is filed. |
|                           |                                | Signature of Resigning Agent   |                           |                |           |
| If signing on behalf of a | an entity:                     |  |                           | . ~            |           |
|                           | Cheyenne Mose                  |  | 2021 AUG<br>SECRES        |                |           |
|                           | -1                             |  | AUG<br>F                  | <u> </u>       |           |
|                           | Asst. Secretary for t          | gents, Inc.  | ) - J                     |                |           |
|                           |                                | Capacity   |                           | AM 9: 1        | ED        |
|                           | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability c Administratively dissolv withdrawn limited liabil | ed/voluntarily disso      | olved/         |           |

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