L2 0000288851

Office Use Only



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12/19/24--01009--003 **25.00

SECRETARY OF STATE
TALLAHASSEF, FI

COVER LETTER

SUBJECT: Cluster Kitchen LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000288851 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the	e undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	, nercoy resigns as
Registered Agent for Cluster Kitchen LLC	
Name of Limited Liability Company	,
L20000288851	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia. The agency is terminated and the office discontinued on the 31st day.	av after the date on which this statement is field.
Crik Treutlein Signature of Resigning	NHASSEE Agent
If signing on behalf of an entity:	PH 1: 59 CF STATE SSEE, FL
Erik Treutlein	H
Typed or Printed Name	
Vice President on behalf of United States Corpo	ration Agents, Inc.

Capacity

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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