# 120000319088

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2021 DEC -6 PH 3: 34
SECRETARY OF STATE

DEC 20 201:

### **COVER LETTER**

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L20000319088	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
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	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
800	<b>773-0888</b>
Name of Person at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provision	ons of section 605.0115, Florida Statutes, the unde	rsigned.	2021 DEC SECRET
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	ACE DEC
			EC -6
Registered Agent for $\frac{1}{2}$	Wowpup LLC		P. P.
			3: 34 EF. 1
	Name of Limited Liability Company		<del>3</del> ।
L20000319088			
Document N	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last ki	nown address.
The agency is terminat	ed and the office discontinued on the 31st day afte	r the date on which th	his statement is filed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	ents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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