# L20000351401

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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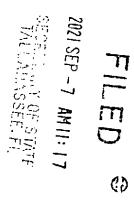
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### **COVER LETTER**

SUBJECT: Michael's Wood Restoration & Design LLC  Name of Limited Liability Company
DOCUMENT NUMBER: L20000351401
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:
31 (800 ) 773-0888
Name of Person at (800 ) 773-0888  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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	ns of section 605.011	5, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.  Name of Registered Agent			, hereby resigns as		
			_ , hereby resigns as		
Registered Agent for M	ichael's Wood Re	estoration & Design LLC			
	Name of Lin	nited Liability Company		,	
	Name of Em	med maonity Company			
L20000351401					
Document Nu	mber, if known	<del></del>			
A copy of this resignation	on was mailed to the a	above listed limited liability o	company at its last known addi	ress.	
The agency is terminated	d and the office disco	ntinued on the 31st day after	the date on which this stateme	ent is filed.	
		Signature of Resigning Agent			
If signing on behalf of ar	entity:				
Cheyenne Moseley			50	7021 SEP	
	T	yped or Printed Name		SE	
	Asst. Secretary for U	Inited States Corporation Age	ints, Inc.	7 =	
		Capacity		7 [	
			F.F. S		
			三	· 0	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolved/	CD.	