# 12000352123

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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### **COVER LETTER**

Doo's Custom Craft Poutique II C	
SUBJECT: Dee's Custom Craft Boutique LLC  Name of Limited Liability	Company
•	Company
DOCUMENT NUMBER: L20000352923	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e 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:	
at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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 provisio	ns of section 605.0115.	Florida Statutes, the unde	ersigned.
United States Corporation Agents, Inc.		, hereby resigns as	
Name of Registered Agent		. Hereby resigns as	
Registered Agent for D	ee's Custom Craft	Boutique LLC	
			202
	Name of Limite	ed Liability Company	2021 OCT 4
L20000352923			<u>.t-</u>
Document Nu	imber, if known		P
A copy of this resignation	on was mailed to the ab	ove listed limited liability	company at its last known address.
The agency is terminate	d and the office discont	tinued on the 31st day afte	r the date on which this statement is filed.
	<del></del> ,	Signature of Resigning Agent	
If signing on behalf of a		organistic (ii Nesighing Agent	
	Cheyenne Mosele	∍y	
	Тур	sed or Printed Name	
	Asst. Secretary for Un	ited States Corporation Ag	gents, Inc.
		Capacity	<del> </del>
	FILING F \$ 85.00 \$ 25.00	Active limited liability co	ed/voluntarily dissolved/

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