# L20000369456

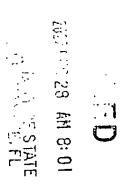
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: LightSpeed Items LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000369456	
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 the	ne 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 ( 800	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\$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301

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

Pursuant to the provisio	ns of section 605.011	5. Florida Statutes, the unde	rsigned.			
Name of Registered Agent		, hereby resigns as	esions as			
		thereby reargina us				
Registered Agent for Li	ightSpeed Items I	LLC		_		
••						.•
	Name of Lin	nited Liability Company				
L20000369456						
Document No	ımber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last k	nown ad	ldress.	
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on which t	his state:	ment is	iled.
		Signature of Resigning Agent	<del></del>			
If signing on behalf of a	n entity:					
	Cheyenne Moseley			··	2022	
	Т	Typed or Printed Name	<del></del>	<u></u>	72 F3	
	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.		Rel	9 g 14 a a a
		Capacity		32	28	Salaran Salaran
				,333S S 46	8 HW	
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES:  Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily disso	FL Ived/	8: 01	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314