# L20000370305

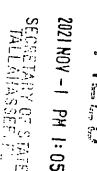
| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | ry/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Ďc                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    | -         |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



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### **COVER LETTER**

| SUBJECT: Twin's Vape & Glass LLC Name                | of Limited Liability | Company                                   |
|--|----------------------|---|
| DOCUMENT NUMBER: L200003703                          | 305                  | <u>.</u>                                  |
| The enclosed Resignation of Registered A for filing. | Agent for a Limited  | d Liability Company and fee are submitted |
| Please return all correspondence concerni            | ing this matter to t | he following:                             |
| United States Corporation Agents, Inc                | C.                   |   |
| Name of Person                                       | <del></del>          | -   |
| Legalzoom.com, Inc.                                  |                      |   |
| Name of Firm/Company                                 |                      | _   |
| 9900 Spectrum Dr.                                    |                      |   |
| Address  | <del></del>          | -   |
| 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 m            | natter, please call: |   |
|  | 800                  | 773-0888 ) Daytime Telephone Number       |
| Name of Person                                       | Area Code            | Daytime Telephone Number                  |

#### 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 provis   | ions of section 605.0115, Florida Statutes, the unders  | rianad                | PACE OF                 |
|--------------------------|---|-----------------------|-------------------------|
|                          | rooration Agents Inc                                    | hereby resigns as     | 題上加                     |
| Name of Registered Agent |   | nereoy resigns as     | 50g Z 3                 |
| Registered Agent for     | Twin's Vape & Glass LLC                                 |                       | 77.5 S                  |
|                          | Name of Limited Liability Company                       |                       |                         |
|                          | Name of Littined Liability Company                      |                       |                         |
| L20000370305             |   |                       |                         |
| Document                 | Number, if known  |                       |                         |
| A copy of this resigna   | tion was mailed to the above listed limited liability o | company at its last k | nown address.           |
| The agency is termina    | ted and the office discontinued on the 31st day after   | the date on which the | 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 Age       | 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