# L20 000 374633

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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2022 SEP 16 AM 9: 14

## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: Eddie's Extreme offroad light	•		
Name of Limited Liability	Company		
DOCUMENT NUMBER: L20000374633			
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are s	submitt	.ed
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		~1	
City/State and Zip Code	•	2022 SEP	
raresignations@legalzoom.com		\$25	
E-mail address: (to be used for future annual report notification)		9	-
For further information concerning this matter, please call:	•	Ā	ا ف محدد
800	773-0888	9: 14	الميك
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 under	signed,
United States Corporation Agents, Inc hereby resi		herahy recions as
		nereby resigns as
Registered Agent for _	Eddie's Extreme offroad lighting and audio	LLC
	Name of Limited Liability Company	<del></del> .
L20000374633		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability of	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	M	
	Signature of Resigning Agent	2
If signing on behalf of an entity:		022 (
	Cheyenne Moseley	2022 SEP
	Typed or Printed Name	5
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	<u> </u>
		= = = = = = = = = = = = = = = = = = = =

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company