La0000396321

(Requestor's Name)			
(Ac	ddress)		
(
(Address)			
(Ci	ty/State/Zip/Phone #/)	
PICK-UP	☐ WAIT	MAIL	
_	_		
(Bı	isiness Entity Name)	•	
(Do	ocument Number)		
Cadified Canina	Cartificator of	F Ctatus	
Certified Copies	_ Certificates of	Status	
Special Instructions to	Filina Officer:		
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COVER LETTER

TO: Registration Section
Division of Corporations

Foundation Craphica II C

SUBJECT: Foundation Graphics LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000396321	. <u>. </u>
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 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 unde	rsigned.
United States Corporation Agents, Inc.		IC.	, hereby resigns as
	Name of Registered Ager		. Hereby resigns as
Registered Agent for Fo	oundation Graphi	cs LLC	
_			
	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
L20000396321			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known address.
The agency is terminated	d and the office disco	ntinued on the 31st day afte	r the date on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf of ar	n entity:		2023 JAI 20
	Cheyenne Moseley		
	T.	yped or Printed Name	- 12 T
Asst. Secretary for United States Corporation Agen		ents, me.	
		Capacity	三
			7: 58 7: 58 7: 68/
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/

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