

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600420791566

12/27/25--01014--017 ***\$ 06

PILED
2023 DEC 27 PHI2: 34

COVER LETTER

Division of Corporations One Percent Ventures LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000023705 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brenna Lutter Name of Person **Business Filings Incorporated** Name of Firm/Company 8020 Excelsior Drive Suite 200 Address Madison, WI 53717 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenna Lutter Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115	5, Florida Statutes, the unde	ersigned.		
Business Filings Incorporated			, hereby resigns as		
-	Name of Registered Agen	11	, thereby resigns as		
Registered Agent for	One Percent Ventu	res LLC			-
	Name of Limi	ited Liability Company			,
L21000023705					
Document	Number, if known				
A copy of this resigna	ation was mailed to the a	bove listed limited liability	company at its last	known address.	
The agency is termina	ated and the office discor	ntinued on the 31st day after	er the date on which	this statement is	s filed.
	Breno	Signature of Resigning Agent			
If signing on behalf o	f an entity:			~2	
	Brenn	yped or Printed Name		1023 DE	71
	Asst Secretary for	or Business Filings Inc	corporated	C 2	5
		Capacity		7 PM	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily disso lity company	12: 34 STATE E. FL	ب

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