L21000029760

(Requestor's Name)			
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,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Nicole Hoskens Fitness an	d Nutrition LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000029760	
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 th	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Florida Sta	tutes, the undersigned.	
United States Corp	oration Agents, Inc.	, hereby res	signs as
-	Name of Registered Agent	.	
Registered Agent for $\frac{N}{N}$	icole Hoskens Fitness and N	Nutrition LLC	
	Name of Limited Liability C	ompany	······································
L21000029760			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed !	imited liability company a	t its last known address.
The agency is terminate	ed and the office discontinued on the	ne 31st day after the date o	n which this statement is filed.
	Signature of	Control Resigning Agent	
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed	Name	
	Asst. Secretary for United States	Corporation Agents, Inc.	
	Capacity		

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