L21000030617

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





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08/08/23--01013--022 **25.00

COVER LETTER

CO: Registration Section Division of Corporations
SUBJECT: Carmin International LLC Name of Limited Liability Company
DOCUMENT NUMBER: L21000030617
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:
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:
800 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.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 provisions (of section 605.0115	5, Florida Statutes, the unde	ersigned.	
United States Corporation Agents, Inc.		, hereby resigns as		
Name of Registered Agent				
Registered Agent for Cari	min Internationa	al LLC		
	Name of Lim	ited Liability Company		
L21000030617				
Document Numb	er, if known			
A copy of this resignation	was mailed to the a	bove listed limited liability	company at its last kno-	wn address.
The agency is terminated a	nd the office disco	ntinued on the 31st day afte	er the date on which this	statement is filed.
_		Signature of Resigning Agent		
If signing on behalf of an e	ntity:		.1	25
C	Cheyenne Mose	ley	E	FILE FOR AUG-8
_	T	yped or Printed Name		TILE
<u>A</u>	sst. Secretary for U	Inited States Corporation A	gents, Inc.	6
		Capacity		商品
				FEO S
	FILING \$ 85.00	Active limited liability of	company	PH 3: 36
	\$ 25.00	Administratively dissolv withdrawn limited liabi	'ed/ voluntarily dissolve lity company	ed/

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