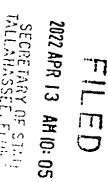
# 

(Reque	stor's Name)			
(Addres	ss)			
(Addres	ss)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)			
(Docum	nent Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
	BNE			
. 7	MAY 23 2022			
	Lu.			





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### **COVER LETTER**

SUBJECT: Geek Lion Tees Limited Liability Company Name of Limited Liability	y Company
DOCUMENT NUMBER: L21000054229	y Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
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:	
at (	773-0888  Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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, Florida Statutes, the und	ersigned,			
United States Corporation Agents, Inc.	_ , hereby resigns as	₹s	20	
Name of Registered Agent	t hereby resigns as	ECR LLA	2022 APR	
Registered Agent for Geek Lion Tees Limited Liability Compar	ıy	HAS	PR	
		33S 787	ယ	[
Name of Limited Liability Company		<del></del>	AH 10	
L21000054229		÷ :•	l0: 05	
Document Number, if known				
A copy of this resignation was mailed to the above listed limited liability	y company at its last kn	own add	ress.	
The agency is terminated and the office discontinued on the 31st day after	er the date on which th	is statem	ent is f	iled.
Signature of Resigning Agent				
If signing on behalf of an entity:				
Cheyenne Moseley				
Typed or Printed Name	<del></del>			
Asst. Secretary for United States Corporation A	gents, Inc.			
Capacity	<del></del>			

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314