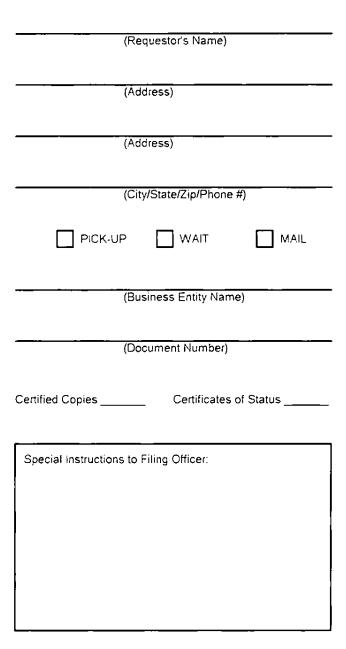
# L21000110810

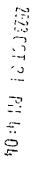






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### COVER LETTER.

TO: Registration Section Division of Corporations

| SUBJECT: Battles & Associates LLC                                      |   |
|--|---|
| Name of Limited Liability  | Company                                   |
| DOCUMENT NUMBER: L21000110810  |   |
| 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<br>)<br>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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 605.011:            | 5, Florida Statutes, the under  | signed.  |   |
|----------------------------|--------------------------------|---|--|---|
| United States Corpo        | ration Agents, In              | c.  | hereby resigns as  |   |
|                            | Name of Registered Ager        | 11  |  |   |
| Registered Agent for Ba    | ttles & Associate              | s LLC   |  | _ |
|                            |                                |   |  |   |
|                            | Name of Lim                    | ited Liability Company  |  | - |
| L21000110810               |                                |   |  |   |
| Document Num               | ber, if known                  | <del></del>   |  |   |
| -                          |                                |   | company at its last known address.  the date on which this statement i |   |
| -                          |                                | Signature of Resigning Agent  | · ·  |   |
| If signing on behalf of an | entity:                        |   | 2022 (01   |   |
| ı                          | Cheyenne Mose                  | ley   | (3)  |   |
| -                          | T                              | yped or Printed Name  | • )  |   |
| <u>.</u>                   | Asst. Secretary for U          | Inited States Corporation Age   |  |   |
|                            |                                | Capacity  |  |   |
|                            |                                |   | ት<br>  |   |
|                            | FILING<br>\$ 85.00<br>\$ 25.00 | FEES:<br>Active limited liability cor<br>Administratively dissolved<br>withdrawn limited liabilit | mpany<br>d/ voluntarily dissolved/<br>y company                        |   |

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