U71000122275

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #)			
(Cit	syrotaterziph none #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Do	ocument Number)			
(2-	,			
Certifred Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				

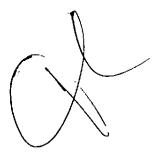




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Company of the second

2023 FEB 22 AM II: 0



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mara's Daughter LLC Name of Limited Liability Company		
DOCUMENT NUMBER: L21000122275		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sfor filing.	ubmit	ted
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	26	
City/State and Zip Code	123 FI	
raresignations@legalzoom.com	2023 FEB 22	Į.
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	AM II	0

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

773-0888 Area Code Daytime Telephone Number

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 provis	sions of section 605.011	5, Florida Statutes, the under	signed,
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Age	nt	Tiereby resigns as
Registered Agent for	Mara's Daughter L	LC	
	Name of Lin	nited Liability Company	,
	rvance of this	med chaomiy Company	
L21000122275			
Document	Number, if known		
A copy of this resigna	ntion was mailed to the :	nbove listed limited liability c	ompany at its last known address.
			the date on which this statement is filed
		Signature of Resigning Agent	
If signing on behalf o	f an entity:	2 2 2 2 2 2	
	Cheyenne Mose	eley	
	Т	yped or Printed Name	
	Asst. Secretary for L	Inited States Corporation Age	nts, Inc.
		Capacity	nts, Inc.
			22 22 ANS
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany 1/ voluntarily dissolved/

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