1 21000135236

(Requestor's Name)		
(Address)		
(133,333)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Outflower & Outline		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
10.00.115		
(lmill)		



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03/06/24--01010--018 ++25.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Boxed in Thyme LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000125236	
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 tl	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605.0115, Florida Statutes, the unders	iigned,
United States Corporation Agents, Inc.		hereby resigns as
	Name of Registered Agent	nereo, resigns as
Registered Agent for	Boxed in Thyme LLC	
<u></u>	Name of Limited Liability Company	,
L21000125236		
Documen	t Number, if known	
A copy of this resign	ation was mailed to the above listed limited liability co	ompany at its last known address.
The agency is termin	ated and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	SECRETARY.
If signing on behalf o	f an entity:	SST P
	Cheyenne Moseley	PH SI
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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