# L21000 144 152

(Re	equestor's Name)				
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(Cit	ty/State/Zip/Phon	e #)			
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PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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## **COVER LETTER**

SUBJECT: TaeStylez LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000144152	
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 the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	. 20
Name of Firm/Company	
9900 Spectrum Dr.	THE SULL STATE OF THE SERVICE OF THE
Address	
Austin, TX 78717	TERETARY OF STATE STATE STATE STATE STATE
City/State and Zip Code	FLE 228
raresignations@legalzoom.com	•
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisio	ns of section 605.0115	, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.  Name of Registered Agent		_ , hereby resigns as			
			, mereby resigns as		
Registered Agent for T	aeStylez LLC				_
					_,
	Name of Limit	ted Liability Company			
L21000144152					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the at	pove listed limited liability of	company at its last	known address	5.
The agency is terminate	d and the office discon	tinued on the 31st day after	the date on which	this statement	is filed
		rik Treutlein			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Erik Treutlein Moseley			202 SE	
	Ту	ped or Printed Name		ASS L	-11
	Vice President for Un	ited States Corporation Age	nts, Inc.	E E E	\$ سه دي سه و رهم د
		Capacity		書物に	
				SSE 교	٠٠١
				2024 JUN 21 PH 4: 2: SECRETARY OF 3 FA	الله الم <sup>ا</sup>
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily disso y company	PER 28 plyed/	

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