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COVER LETTER

Registration Section Division of Corporations SUBJECT: Cheryl R. Weaver L.L.C.

Name of Limited Liability Company DOCUMENT NUMBER: L21000175416 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	, Florida Statutes, the undersig	ned,		
United States Corp	reby resigns as				
-	Name of Registered Agen	t	, 60, 100, 5, 10		
Registered Agent for C	Cheryl R. Weaver L	.L.C.		···	_
	Name of Lim	ted Liability Company			- ,
L21000175416					
Document N	umber, if known				
A copy of this resignati	ion was mailed to the a	bove listed limited liability con	npany at its last known a	address	
The agency is terminate	ed and the office disco	Signature of Resigning Agent	date on which this stat	tement	is filed.
If signing on behalf of a	an entity:				
	Cheyenne Mose	ley			
	Typed or Printed Name			20	
	Asst. Secretary for L	s, Inc.	23		
	FILING	Capacity FFFS:		2023 JUN -5 PM	FILED RETARY OF TOT CORPO
	\$ 85.00 \$ 25.00	Active limited liability comp Administratively dissolved/ withdrawn limited liability of	voluntarily dissolved/	PM 3: 55	STAIE 3IAIE

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