# 121000224018

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>L21000228018</u>	
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	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
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

i disuani to the provisio	us of section 605.01	15. Florida Statutes, the unders	signed,			
United States Corporation Agents, Inc.  Name of Registered Agent , I						
			_ , hereby resigns as			
Registered Agent for $\underline{\underline{N}}$	lonarch drinks Ll	_¢	<del></del>			
	Name of Li	mited Liability Company		<del></del> ,		
L21000228018						
Document Nu	imber, if known	<del></del>				
	d and the office disc	above listed limited liability continued on the 31st day after t			filed.	
	Cheyenne Mose	eley		<del></del>	~2	
		Typed or Printed Name United States Corporation Agen	ats, Inc.	2022 JUL 12 IALLARASSE		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	ALLAHAUSEE, FLORIDA	12 PH 2:48	<u>-</u>

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