L21000241772

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | . મં |
|--|---------------------------|---|
| SUBJECT: Mccoy Services, LLC | _ | |
| | me of Limited Liability | ' Company |
| DOCUMENT NUMBER: L2100024 | 1772 | · |
| The enclosed Resignation of Registered for filing. | d Agent for a Limited | d Liability Company and fee are submitt |
| Please return all correspondence conce | rning this matter to the | he following: |
| Ed Tsuji | | |
| Name of Person | | - |
| MyCompanyWorks, Inc. | | |
| Name of Firm/Compa | nny | - |
| 187 E. Warm Springs Rd., Suite B | | |
| Address | | - |
| Las Vegas, NV 89119 | | |
| City/State and Zip Co | ode | - |
| orders@mycompanyworks.com | | |
| E-mail address: (to be used for future and | nual report notification) | - |
| For further information concerning this | s matter, please call: | |
| Sarah Balen | 702 |) 362-2677 Daytime Telephone Number |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | s of section 605.011 | 5. Florida Statutes, the under | rsigned, | | | |
|----------------------------------|--------------------------------|---|-----------------------|------------|------------|-------------|
| Registered Agent Solutions, Inc. | | _ , hereby resigns as | | | | |
| Name of Registered Agent | | | | | | |
| Registered Agent for Mo | ccoy Services, Ll | LC | | | | |
| | | | | | | |
| | Name of Lim | nited Liability Company | | - | | |
| L21000241772 | | | | | | |
| Document Nur | mber, if known | | | | | |
| A copy of this resignatio | n was mailed to the a | above listed limited liability | company at its last! | known a | address | • |
| The agency is terminated | and the office disco | ontinued on the 31st day after | the date on which | this stat | ement | is filed. |
| | Jennedie | Signature of Resigning Agent | | | | |
| If signing on behalf of ar | entity: | | | | | |
| | Jennifer Peters | | | Α̈́ | 202 | |
| | Т | Typed or Printed Name | | ۲. آرا | 2023 JUL 2 | T 1 |
| | Authorized Represen | tative of Registered Agent Solu | itions, Inc. | A. | Ε, | |
| | | Capacity | | 3SE | 12 | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liabili | ed/ voluntarily disse | E, FLORIDA | PM 2: 03 | |

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