L21000245783

| (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



000372679450

2021 SE2 - 3 PM 2: 08

V ~~~~

COVER LETTER

| SUBJECT: | |
|--|----|
| Name of Limited Liability Company | |
| DOCUMENT NUMBER: L21000245783 | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. | ed |
| 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: | |
| 800 773-0888 | |
| Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provis | ions of section 605.0115. Florida Statutes, the undersi | igned, |
|---|--|--------------------|
| United States Corporation Agents, Inc. hereby Name of Registered Agent | | vorahu rasiona as |
| | | icreby resigns as |
| Registered Agent for | Gigi Donna Baron LLC | |
| | Name of Limited Liability Company | |
| L21000245783 | | |
| Document l | Number, if known | 262 |
| | tion was mailed to the above listed limited liability co | The same |
| | Signature of Resigning Agent | PH 2: 08 YOF STATE |
| If signing on behalf of | an entity: | · m |
| | Cheyenne Moseley | |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corporation Agen | ts, 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