# L21000270235

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<del>: #</del> )
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Office Use Only



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### **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: TEQUESTA CREAMERY LLC		
Name of Li	mited Liability	Company
DOCUMENT NUMBER: L21000270235		
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to th	ne 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 repor	t notification)	
For further information concerning this matter,	please call:	
a	.t (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.011	5, Florida Statutes, the unc	dersigned,		
United States Corporation Agents, Inc.  Name of Registered Agent		hereby resigns as		
Name of Lin	nited Liability Company			`
L21000270235				
Document Number, if known				
A copy of this resignation was mailed to the a The agency is terminated and the office disco				
	Signature of Resigning Agent	FALL AH	2022 JUN 15	777
If signing on behalf of an entity:		IAS	; <b>z</b>	
Cheyenne Moseley		SEE,		LUJ 1
	yped or Printed Name United States Corporation A	gents, Inc.	PM 1: 36	D
	Capacity	—— Bu	9	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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