# L31000 243487

(Requestor's Name)
(A.I.)
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(Address)
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PICK-UP WAIT MAIL
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### **COVER LETTER**

Division of Corporations			
SUBJECT: Glam Artillery LLC Name	of Limited Liabi	lity Company	<del></del>
DOCUMENT NUMBER: L21000293487			
The enclosed Resignation of Registered for filing.		ited Liability Compan	y and fee are submitted
Please return all correspondence concern	ing this matter t	to the following:	
Ryan Potter			
Name of Person	<del></del>		
ZenBusiness Inc.			
Name of Firm/Company	<b>/</b>	<del></del>	2024
336 E. College Ave. Suite 301			TOUR SEP - C
Address			是心厂
Tallahassee, FL 32301			SSE S
City/State and Zip Code	<u> </u>	<del></del>	AM 9: 21 SSEE, FIL
ra@zenbusiness.com			
E-mail address: (to be used for future annu-	al report notificatio	n)	
For further information concerning this r	natter, please ca	11:	
Ryan Potter	844 at (	493-6249	
Name of Person		ode Daytime Telephon	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statu	tes, the undersigned,			
ZENBUSINESS INC.		, hereby resigns as			
	Name of Registered Agent				
Registered Agent for			. <u></u>		
Glam Artillery LLC					
	Name of Limited Liability Con	npany			
1.21000293487					
Document	Number, if known				
A copy of this resigna	ation was mailed to the above listed lim	ited liability company at its last	known address.		
The agency is termin	ated and the office discontinued on the Signature of Res	milj	this statement is filed.		
If signing on behalf o	of an entity:				
	Khadijeh Hemmati		SAS - FI		
	Typed or Printed Na Secretary	me	SEE.		
	Capacity		ES 9. 2		

**FILING FEES:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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