Division of Corporations

Eloridat Department of State Division of Corporations Blectronic Pfling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000051921 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

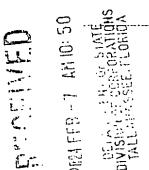
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please. ♥♡

Email Address:



LLC REGISTERED AGENT RESIGNATION MY HAPPY BY STEFI LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu Corporate Filing Menu

Help

rursuant to the provi	sions of section 605.0115, Plorida Stat	utes, the undersigned,		
eResidentAgent,	Inc.	, hereby resigns a	as	
	Name of Registered Agent			
Registered Agent for	My Happy By Stefi LLC			-
	Name of Limited Liability Co	mpany	<u> </u>	_•
L21000295097				
Documen	t Number, if known			
A copy of this resign	ation was mailed to the above listed lir	nited liability company at its la	ist known address.	
The agency is termin	ated and the office discontinued on the	31st day after the date on which	ch this statement i	s filed.
	Signatule of Resignin	ng Agent)	2024 FEB - 7 SECNE JAIL TALLAHA	71
If signing on behalf c	of an entity:		−7 HAS	न सम्बंध राज भ 6
	Jeffrey A Unger		SSE	
	Typed or Printed N	Same	AM 9: 3 SEE, FL	(Carried
	President Capacity	****	21E	
	= 24,444.5			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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