L21000297119

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2024 AUG 16 PM 12: 46

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Jeffar's Wormpire LLC	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L21000297119	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ons of section 605.0115,	Florida Statutes, the unc	dersigned,
United States Corporation Agents, Inc.		_ , hereby resigns as	
	Name of Registered Agent		_ thereby resigns as
Registered Agent for	effar's Wormpire LL	С	ARTH AU
	Name of Limite	d Liability Company	P
L21000297119			PH 12: FJ
Document Ni	imber, if known		
A copy of this resignation	on was mailed to the abo	ove listed limited liabilit	y company at its last known address.
The agency is terminate	d and the office discont	inued on the 31st day aft	er the date on which this statement is filed.
		Treutlein	
	S	ignature of Resigning Agent	
If signing on behalf of a	n entity:		
	Erik Treutlein		
	Турк	ed or Printed Name	
	Vice President on behalf o	f United States Corporation	Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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