K21000319397

| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| SUBJECT: Pinellas Cuts LLC Name of Limited Liability | y Company |
|---|--|
| DOCUMENT NUMBER: L21000319397 | · · · · · · · · · · · · · · · · · · · |
| The enclosed Resignation of Registered Agent for a Limite for filing. | ed Liability Company and fee are submitted |
| 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 at (| 773-0888 Daytime Telephone Number |
| Name of Person Area Cod | Daytime Telephone Number |

MAILING ADDRESS:

Registration Section

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 provision | ons of section 605.0115. Florida Statutes, the un- | dersigned, | |
|--|--|---|--|
| United States Corporation Agents, Inc. Name of Registered Agent | | , hereby resigns as | |
| | | | |
| Registered Agent for _ | Pinellas Cuts LLC | | |
| | Name of Limited Liability Company | ······································ | |
| L21000319397 | | | |
| Document N | lumber, if known | | |
| A copy of this resignati | on was mailed to the above listed limited liabili | ty company at its last known address. | |
| The agency is terminate | ed and the office discontinued on the 31st day al | fter the date on which this statement is filed. | |
| | Signature of Resigning Agen | 2022 AUG SEAULT | |
| If signing on behalf of a | an entity: | | |
| | Cheyenne Moseley | J. 5 | |
| | Typed or Printed Name | 555 | |
| | Asst. Secretary for United States Corporation | Agents, Inc. | |
| | Capacity | Agents, Inc. | |

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