L21000372504

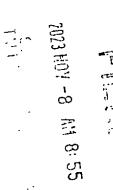
(Requestor's Name)				
——————————————————————————————————————	dress)	_		
·				
	-1X			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
	siness Entity Nan	201		
(00	SMIESS LIMITY INSTI	116)		
(Do	cument Number)			
Certified Copies	Certified Copies Certificates of Status			
				
Special Instructions to	Filing Officer:			
Whils				





400418530334

11/08/23--01017--004 **25.00



COVER LETTER ,

, TO: Registration Section Division of Corporations

_{SUBJECT:} WeSupportU LLC	
Name of Limited Liabi	ity Company
DOCUMENT NUMBER: L21000372504	
The enclosed Resignation of Registered Agent for a Limi for filing.	ted 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 cal	l:
800 at (773-0888
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the unders	signed,			
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as			
	Name of Limited Liability Company	<u>.</u>			- ·
L21000372504					
Document No	umber, if known				
	on was mailed to the above listed limited liability condition and the office discontinued on the 31st day after the signature of Resigning Agent on entity: Cheyenne Moseley			tement i	
	Typed or Printed Name			8	ή (1.11)
	Asst. Secretary for United States Corporation Ager Capacity	nts, Inc.		AH 8: 55	1 6 6
	FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved, withdrawn limited liability	npany / voluntarily diss · company	solved/		

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