L21000378864

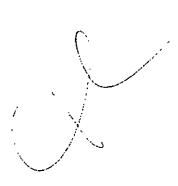
(Requestor's Name)
, , , ,
(Address)
(Address)
(6) 10) 17: 17: 17:
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Yourcoachingbycc LLC			
Name of Limited Liability	Сотрапу		
DOCUMENT NUMBER: L21000378864			
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submit	tted
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.		2072 SFP 16	
Name of Firm/Company	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	٠.
9900 Spectrum Dr.		16	. •
Address		A	پ د ر ت حد
Austin, TX 78717		9: 09	-
City/State and Zip Code		9	
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
at (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the undersi	gned,
United States Corp	poration Agents, Inc.	nereby resigns as
	Name of Registered Agent	
Registered Agent for \(\frac{1}{2}\)	ourcoachingbycc LLC	
	Name of Limited Liability Company	·
L21000378864		
Document N	fumber, if known	
A copy of this resignati	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after t	he date on which this statement is filed.
	Signature of Resigning Agent	2022 SEP 16
If signing on behalf of an entity:		
	Cheyenne Moseley	
	Typed or Printed Name	<u></u>
	Asst. Secretary for United States Corporation Ager	nts, Inc. 99 99
	Capacity	9

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