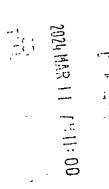
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only			



02/11/24--61894 -618 -+25.38



### **COVER LETTER**

SUBJECT: MustMineNow LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000387679 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section
Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.0115, Florida Statutes, the	undersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	; nereoy resigns as	
Registered Agent for	fustMineNow LLC		
	Name of Limited Liability Company		
L21000387679			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liab	illity company at its last known addi	ess.
The agency is terminate	d and the office discontinued on the 31st day	after the date on which this statement	ent is filed.
	Signature of Resigning Ag	2021 10.00 mg	· commi
If signing on behalf of a	n entity:		, it is
	Cheyenne Moseley	 	- : <del></del>
	Typed or Printed Name		e . t
	Asst. Secretary for United States Corporatio	n Agents, Inc.	i
	Capacity	n Agents, Inc.	) )

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314