L21000395776

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COVER LETTER

SUBJECT: Carole's Concepts L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L21000395776 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section

Division of Corporations

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 St	atutes, the undersigned,			
United States Corporation Agents, Inc.		herehy resign	, hereby resigns as		
Name of Registered Agent			nercoy resigns as		
Registered Agent for	Carole's Concepts L.L.C.				
	Name of Limited Liability (Jompany			
L21000395776					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed I	limited liability company at its	last known addres	SS.	
The agency is terminate	d and the office discontinued on the	he 31st day after the date on wi	hich this statemen	t is filed.	
	Trik Tree				
	-	Resigning Agent			
If signing on behalf of a	n entity:		2		
	Erik Treutlein		2024 JUN 12		
	Typed or Printed	Name	4 JUN 12	71	
	Vice President for United States	Corporation Agents, Inc.	AS		
	Capacity		6-70° , *	, T	
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	FILING FEES:		PM 12: 53 OF STATE E. FLORIDA		
	\$ 85.00 Active lim \$ 25.00 Administra	nited liability company atively dissolved/ voluntarily on In limited liability company	<i>3.</i> 24		

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