121 CCO 409121

(Requestor's Name)				
(Address)				
(Address)				
(13333)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Danish Ning)				
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2022 MAY 16 MAIL: 26

Ra Rosignation

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Sonora's Creations LLC Name of Limited Liability	Company			
DOC	UMENT NUMBER: L21000409121	y Company			
The er	nclosed Resignation of Registered Agent for a Limiteding.	d Liability Company and fee are	sub	mitte	d
Please	return all correspondence concerning this matter to t	he following:			
Unite	d States Corporation Agents, Inc.				
	Name of Person	-			
Lega	zoom.com, Inc.				
	Name of Firm/Company	-			
9900	Spectrum Dr.				
	Address	-			
Austi	n, TX 78717				
	City/State and Zip Code	-			
rares	gnations@legalzoom.com		c	2	
E-	mail address: (to be used for future annual report notification)	.		i 27.6	
For fu	rther information concerning this matter, please call:		:		-
	at (773-0888 Daytime Telephone Number	;	2022 807 15 - 861	:
	Name of Person Area Code	Daytime Telephone Number	,	:: · · · ·	
liabilit	sed is a check made payable to the Florida Departmen y company or \$25.00 for an administratively dissolve y company.	t of State for \$85.00 for an action does not be to the state of with the state of t	ye li drav	ກີເວ ກັນted vn lim	rited

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	ins of section 605.0115, Florida Statutes, the unders	igned.		
United States Corp	oration Agents, Inc.			
Name of Registered Agent		, hereby resigns as		
Registered Agent for _S	onora's Creations LLC			
	Name of Limited Liability Company			
L21000409121				
Document No	umber, if known			
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known address.		
The agency is terminate	d and the office discontinued on the 31st day after the	ne date on which this statement is fi	led.	
	Signature of Resigning Agent			
If signing on behalf of an entity:		2022 K.1Y		
	Cheyenne Moseley	· —		
	Typed or Printed Name	The state of the s	.]	
	Asst. Secretary for United States Corporation Agen	ts, Inc.	ر. ادر اد	
	Capacity			

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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