

L 21000415063

Vin

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

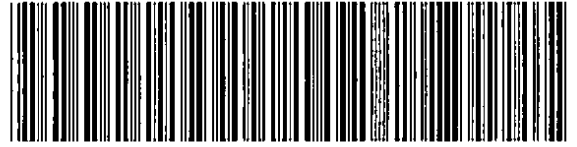
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000421246930

01/11/24--01030--013 **85.00

FILED

2024 JAN 11 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WonderLost, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000415063

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:

Sarah Balen
Name of Person

MyCompanyWorks, Inc.
Name of Firm/Company

187 E. Warm Springs Rd., Suite B
Address

Las Vegas, NV 89119
City/State and Zip Code

orders@mycompanyworks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Balen at (702) 362-2677
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for WonderLost, LLC _____
Name of Limited Liability Company

L21000415063 _____
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

/s/ Jennifer Peters _____
Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Peters _____
Typed or Printed Name
Authorized Representative of Registered Agent Solutions, Inc. _____
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2024 JAN 11 PM 5:45
SECRETARY OF STATE
TALLAHASSEE, FL

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