

L21000415793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

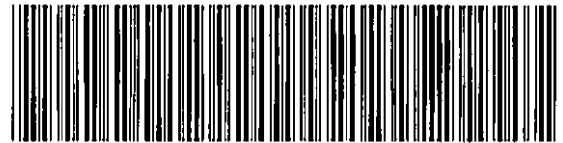
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100421091721

01/03/24--01039--021 **95.00

2024 JAN -3 AM 11:32

1123/2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSSANDBLOOM, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.21000415793

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:

NTXHUAV P KONG

Name of Person

MOSSANDBLOOM, LLC

Name of Firm/Company

8322 COMMERCE WAY

Address

MIAMI LAKES, FL., 33016

City/State and Zip Code

nickkong8@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NTXHUAV P KONG

Name of Person

at (417) 880-2245

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

GUSTAVO MILLA

, hereby resigns as

Name of Registered Agent

Registered Agent for MOSSANDBLOOM, LLC

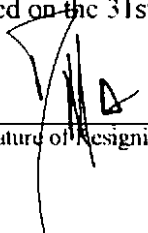
Name of Limited Liability Company

L21000415793

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.


Signature of Resigning Agent

If signing on behalf of an entity:

GUSTAVO MILLA

Typed or Printed Name

REGISTERED AGENT

Capacity

2024-07-31 AM 11:32

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