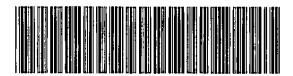
# h21000427678

(Requestor's Name)
(Address)
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(Business Entity Name)
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Ra Rosignation

בונונוטט ם כיינונוט

### **COVER LETTER**

SUBJECT: Novy D's Scrubs & More LLC		
Name of Limited Liabili	ty Company	
DOCUMENT NUMBER: L21000427678		<del></del>
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fe	e are submitted
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	<del>_</del>	
raresignations@legalzoom.com		2022 MAY 16 CEGRESSION
E-mail address: (to be used for future annual report notification)	_	
For further information concerning this matter, please call	:	-6
at (	773-0888	·2- y
Name of Person Area Cod	773-0888 le Daytime Telephone Numb	er =
Enclosed is a check made payable to the Florida Departme		722

### 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 provisio	ins of section 605.0115. F	forida Statutes, the unders	signed,			
United States Corporation Agents, Inc.			, hereby resigns as			
Name of Registered Agent						
Registered Agent for $\frac{N}{2}$	lovy D's Scrubs & Mo	ore LLC				,
	Name of Limited	Liability Company				
L21000427678						
Document N	umber, if known	_				
A copy of this resignati	on was mailed to the abov	ve listed limited liability c	ompany at its last l	known a	ddress.	
The agency is terminate	ed and the office discontin	nued on the 31st day after	the date on which	this state	ment is	s filed.
		gnature of Resigning Agent				
If signing on behalf of a	in entity:					
	Cheyenne Moseley	1		in de la companya di salah di Salah di salah di sa	2022 MAY 1	
	Турес	d or Printed Name	<del></del>		3	
	Asst. Secretary for Unite	ed States Corporation Age	nts, Inc.	-11	<u>~</u> <	
		Capacity	<del></del> -	, 3× <u></u>	9	
					1	j
					AH:	
	FILING FE \$ 85.00 A \$ 25.00 A	ES: active limited liability con administratively dissolved withdrawn limited liabilit	npany 1/ voluntarily disso y company	, olved/	22	

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