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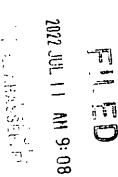
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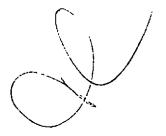
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## COVER LETTER .

TO: Registration Section Division of Corporations	. •
SUBJECT:  Name of Limited Liability Comp	any
DOCUMENT NUMBER: L21000434797	
The enclosed Resignation of Registered Agent for a Limited Liabi for filing.	lity Company and fee are submitted
Please return all correspondence concerning this matter to the following	owing:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	2022
9900 Spectrum Dr.	2022 JUL 1
Address	
Austin, TX 78717	11 AH 9: 08
City/State and Zip Code	L. Ö
raresignations@legalzoom.com	C - 0
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ( )	0888
Name of Person Area Code Dayt	ime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Florida Statutes, the unders	igned,		
United States Corporation Agents, Inc.		hereby resigns as		
	Name of Registered Agent	reredy resigns as		
Registered Agent for Section 1	ales4u LLC			
	Name of Limited Liability Company		·	ı
L21000434797				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the above listed limited liability ec	ompany at its last known	address.	
The agency is terminate	d and the office discontinued on the 31st day after t	he date on which this sta	tement is	filed.
	Signature of Resigning Agent		2022 JUL 11	120 1
If signing on behalf of a	n entity:	<u></u>	_	7 COC)
	Cheyenne Moseley	<u>₹</u>		.' ½ ÎÜÜ
	Typed or Printed Name		AM 9: 08	
	Asst. Secretary for United States Corporation Ager	nts, Inc.	. O	***************************************
	Capacity		- 00	

**FILING FEES:** 

\$ 85.00 \$ 25.00

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