# H21000440555

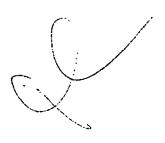
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2022 SEP 16 AM 9: 09



### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: YIZZO LLC  Name of Limited Liability Company	
noci	UMENT NUMBER: L21000440555	
	nclosed Resignation of Registered Agent for a Limited Liability Co	mpany and fee are submitted
Please	return all correspondence concerning this matter to the following:	
United	d States Corporation Agents, Inc.	
-	Name of Person	
Legal	Izoom.com, Inc.	
<del></del>	Name of Firm/Company	
9900	Spectrum Dr.	
	Address	
Austin	n, TX 78717	
	City/State and Zip Code	
raresi	ignations@legalzoom.com	(~)
E-1	-mail address: (to be used for future annual report notification)	2022 SEP
For fur	rther information concerning this matter, please call:	ه. ا <u>د</u> : زکر
	800 773-0888	6 .
	Name of Person at ( Area Code Daytime Tel	ephone Number
liability	sed is a check made payable to the Florida Department of State for ty company or \$25.00 for an administratively dissolved, voluntarily ty company.	\$85.00 for an active limited

### 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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011:	5, Florida Statutes, the undersi	gned,		
United States Corporation Agents, Inc. , hereby resigns as					
	Name of Registered Ager		orog robiguo do		
Registered Agent for Yiz	zzo LLC				
	Name of Lim	ited Liability Company			
L21000440555					
Document Nun	nber, if known				
A copy of this resignation	n was mailed to the a	bove listed limited liability con	mpany at its last known a	address.	
The agency is terminated	and the office disco	ntinued on the 31st day after th	ne date on which this state	ement is	s filed.
		Signature of Resigning Agent			
If signing on behalf of an	entity:			<b>~</b> 1	
	Cheyenne Mose	ley		2022 SEP	
	T	yped or Printed Name		- S	
	Asst. Secretary for U	nited States Corporation Agent	ts, Inc.	6	,
		Capacity			<del>"</del> 1i
				<u>=</u>	
				AH 9: 09	ويتشتري
	\$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	9	

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