121000449545

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER ,

TO: Registration Section Division of Corporations	
SUBJECT: Pro Shot Global LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000449545	
The enclosed Resignation of Registered Agent for a Limited for filing.	Huiability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 16 PM 41 U.

SECRETARY OF STATE
TALLAHASSEE, FI

Pursuant to the provision	ons of section 605.0115, Florida S	tatutes, the undersigned.	
United States Corp	poration Agents, Inc.	, hereby resigns as	
·-	Name of Registered Agent		
Registered Agent for _	Pro Shot Global LLC		
	Name of Limited Liability	Company	
L21000449545			
Document N	lumber, if known		
		limited liability company at its last known address.	
The agency is terminat	ed and the office discontinued on	the 31st day after the date on which this statement is	tiled.
	Signature o	Resigning Agent	
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printe	d Name	
	Asst. Secretary for United State	s Corporation Agents, Inc.	
	Capacity		

FILING FEES:

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\$ 25.00 Administratively dissolved/ withdrawn limited liability company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