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Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	<u>.</u>
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: U.G.L.Y. Unlimited LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000463406	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e 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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the under	signed.	
United States Cor	rporation Agents, Inc.	hereby resigns as	
	Name of Registered Agent	neredy realigns as	
Registered Agent for	U.G.L.Y. Unlimited LLC		
	Name of Limited Liability Company	·	
L21000463406			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability of	ompany at its last known address.	
The agency is termina	nted and the office discontinued on the 31st day after	the date on which this statement is	filed.
	Signature of Resigning Agent	ALL	2022 DEC
If signing on behalf of	f an entity:		
	Cheyenne Moseley	0. 65 17 - 0	-2
	Typed or Printed Name		PH 6:
	Asst. Secretary for United States Corporation Age		ڧ
	Capacity		_

FILING FEES:

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

withdrawn limited liability company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