# L21000472550

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ddress)            |             |
| (Ac                     | ddress)            | <del></del> |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nam | ne)         |
| (Do                     | ocument Number)    | <del></del> |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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#### **COVER LETTER**

Registration Section Division of Corporations SUBJECT: Love Bound LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000472550 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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 raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

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

| the undersigned,                                     |
|--|
| , hereby resigns as                                  |
| , thereby resigns us                                 |
| <del></del>  |
| ······································               |
|  |
|  |
| liability company at its last known address.         |
| day after the date on which this statement is filed. |
| 3 OCT 3 I  |
| M 9:54   |
| 9: STA   |
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| ration Agents, Inc.                                  |
|  |
|  |

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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