# 121000502933

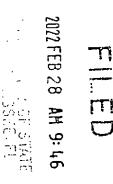
(Req	uestor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			

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C. BRUMBLEY

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
THE NERDY MYSTIC LLC  SUBJECT:  Name of Limited Liability	Company
DOCUMENT NUMBER: L21000502933	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
TERESA LEARY	
Name of Person	-
THE NERDY MYSTIC LLC	
Name of Firm/Company	-
179 OAKLEAF CIRCLE	
Address	-
DELAND, FL 32724	
City/State and Zip Code	_
IMAGASNATION@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
SAM ROLLINS 941 at (	330,7899
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the u	indersigned,			
SAMANTHA ROLLINS		, hereby resigns as	hereby resigns as		
Name of Registered Ager		,,,,, <u>.</u>			
Registered Agent for THE NERDY MYSTIC I	LLC			_	
Name of Lim	ited Liability Company			_,	
1.21000502933					
Document Number, if known					
A copy of this resignation was mailed to the a	bove listed limited liabi	dity company at its last know	vn address	;	
The agency is terminated and the office discor	ntinued on the 31st day	after the date on which this	statement	is filed.	
Societ	Signature of Resigning Ag	ent			
If signing on behalf of an entity:		÷	2022 F		
	yped or Printed Name		2022 FEB 28		
	Capacity		AH 9:46	ED	
FILING \$ 85.00	Active limited liabilit	ty company			
\$ 25.00	Administratively diss withdrawn limited lia	solved/voluntarily dissolved ability company	1/		