L22000021113

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CLUNCTARY OF STATE
TAIL AHASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations		
I Got Ya Queen LLC SUBJECT:		
Name of	Limited Liability	Company
DOCUMENT NUMBER: 1.22000027113		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning	this matter to t	he following:
Cory Betts		
Name of Person		-
ZenBusiness Inc.		
Name of Firm/Company		-
336 E. College Ave. Suite 301		
Address		-
Tallahassee, FL 32301		
City/State and Zip Code		
ra@zenbusiness.com		
E-mail address: (to be used for future annual re	port notification)	-
For further information concerning this matt	ter, please call:	
Cory Betts	8-1-1 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 prov	visions of section 605.0115, Florida Statutes, the undersigned,		
ZenBusiness Inc.	hereby re	esigns as	
	Name of Registered Agent	8	
Registered Agent fo	r Cot Ya Queen LLC		-
	Name of Limited Liability Company		.•
L22000027113			
Documer	nt Number, if known		
A copy of this resign	nation was mailed to the above listed limited liability company a	it its last known address.	
The agency is termin	nated and the office discontinued on the 31st day after the date of Signature of Resigning Agent	n which this statement is	s filed.
_			
If signing on behalf	of an entity:		
	ZenBusiness Inc. by Khadijeh Hemmati	202 TAL	
	Typed or Printed Name	2029 MAY 26 SEURL KAR TALLAHASS	
	Secretary	AY 2	
	Capacity	388 888 6	
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ volunta withdrawn limited liability compan	riiv aissoiv ae /	

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