L2200033655

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COVER LETTER

SUBJECT: What The Fog, LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000033655 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: Ed Tsuji Name of Person MyCompanyWorks, Inc. Name of Firm/Company 187 E. Warm Springs Rd., Suite B Address Las Vegas, NV 89119 City/State and Zip Code orders@mycompanyworks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Peters Name of Person Name of Person Name of Person Name Telephone Numbers 200 Daytime Telephone Numbe	TO: Registration Section Division of Corporations		<i>?</i>	·	₹,	
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Jennifer Peters at (702) 362-2677 Signal Person Area Code Daytime Telephone Number 2 2 2	For further information concerning this matte	r, please call:		ARY ARAS	~ - 8	numes recus
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	Name of Person	Area Code	Daytime Telephone N	umber _{in}	2: 01	ت

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ins of section 605.0115, Florida Statutes, the uni	dersigned,		
Registered Agent Solutions, Inc.		, hereby resigns as		
	Name of Registered Agent			
Registered Agent for	Vhat The Fog, LLC		_	
	Name of Limited Liability Company		_•	
L22000033655				
Document No	umber, if known			
	ed and the office discontinued on the 31st day af Signature of Resigning Agen	fter the date on which this statement		
If signing on behalf of a	in entity:	35.	200	
	Jennifer Peters	AL.	2023 HAD	
	Typed or Printed Name		> 1 5 0 =====	
	Authorized Representative of Registered Agent S	olutions, Inc.) <u> </u>	
	Capacity	PH 2: 01		

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00