L220000 36654

(Re	equestor's Name)				
(Ac	ddress)				
(Ad	ddress)				
(Ci	ity/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Bı	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer:				





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COVER LETTER

Registration Section Division of Corporations SUBJECT: Slam Dunk Junk LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000036654

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 rep	ort notification)	
For further information concerning this matte	er, 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.01	15, Florida Statutes, the under	rsigned.			
United States Corporation Agents, Inc.		. hereby resigns	sions as			
Name of Registered Agent				esigns as		
Registered Agent for	Slam Dunk Junk L	LC				
	Name of Li	nited Liability Company				`
L22000036654						
Document ?	Number, if known					
A copy of this resignat	tion was mailed to the	above listed limited liability of	company at its l	ast know	n addre	SS.
The agency is terminal	ted and the office disc	ontinued on the 31st day after	the date on wh	ich this s	tatemer	nt is filed.
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	Cheyenne Moseley			TALLAHALSET	2023 AUG 17	
		Typed or Printed Name		2.	AU	· -
	Asst. Secretary for United States Corporation Agents		ents, Inc.	7:	G	
		Capacity		14.		
					AM 8: 11	
				<u> </u>	ά	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily c ty company	fissolved	=	

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