# 627000068392

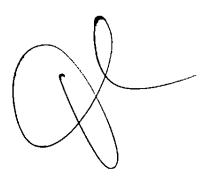
(Requestor's Name)
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(Document Number)
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SECRETARY OF STATE



## **COVER LETTER**

SUBJECT: 38 Lounge LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000068392 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provision	ns of section 605.011	5, Florida Statutes, the unders	signed.		
United States Corporation Agents, Inc.			hereby resigns as		
	Name of Registered Age				
Registered Agent for 38	3 Lounge LLC				-
	Name of Lin	nited Liability Company	<del> </del>		.,
L22000068392					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability c	ompany at its last known	address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after Signature of Resigning Agent	the date on which this sta	tement is	s filed.
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley			
		yped or Printed Name		·	
	Asst. Secretary for U	Jnited States Corporation Age	nts, Inc.	2023	
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability cor Administratively dissolved withdrawn limited liability	mpany by voluntarily dissolved y company	023 FEB 22 AM II: 4	TIND

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