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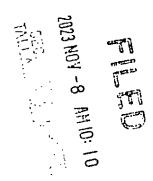
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COVER LETTER .

Division of Corporations SUBJECT:___ The Starseed Project Life Coaching & Spiritual Healing LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000072167 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 605.0115, Florida Sta | tutes, the undersigned, | | |
|--|--------------------------------------|-----------------------------------|-------------------------------|-----------|
| United States Corporation Agents, Inc. , hereby re | | | esigns as | |
| - | Name of Registered Agent | , , , , , , , , , , , , , , , , , | | |
| Registered Agent for The | ne Starseed Project Life Coa | ching & Spiritual Healin | ig LLC | |
| | Name of Limited Liability Co | unpany | · | |
| L22000072167 | | | | |
| Document Nu | mber, if known | | | |
| A copy of this resignation | on was mailed to the above listed li | mited liability company at its | last known address. | |
| The agency is terminated | d and the office discontinued on the | e 31st day after the date on w | hich this statement is filed. | |
| | Signature of R | esigning Agent | 2023 MOV | 724 |
| If signing on behalf of a | n entity: | | : - V 6/12 | / [|
| | Cheyenne Moseley | | œ j | 23 |
| | Typed or Printed I | Name | NH 10: | Ú |
| | Asst. Secretary for United States (| Corporation Agents, Inc. | 9 6 |) |
| | Capacity | | 10 | |

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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