# 122000107961

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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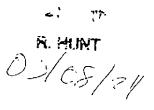
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Wilkinson Editing and Des	sign LLC			
Name of Limited Liability	Company Company			
DOCUMENT NUMBER: L22000107961				
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and	fee are	e sub	mitted
Please return all correspondence concerning this matter to the	ne following:			
United States Corporation Agents, Inc.				
Name of Person	-			
Legalzoom.com, Inc.				
Name of Firm/Company	-			
9900 Spectrum Dr.			7	
Address			, , ,;	
Austin, TX 78717	- :2		င်	
City/State and Zip Code	- U	ງ່ອນ ການ	<u> </u>	
raresignations@legalzoom.com		SESTATE	<u>ယ</u>	E
E-mail address: (to be used for future annual report notification)		LĮ,	0	
For further information concerning this matter, please call:				•
at (	773-0888			
Name of Person Area Code	)	nber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisior	ns of section 605.0115	, Florida Statutes, the unde	rsigned,			
United States Corpo	oration Agents, Inc	c.	, hereby resign	ns as		
	Name of Registered Agen	t	,			
Registered Agent for W	ilkinson Editing ar	nd Design LLC				
<del>-</del>	Name of Limi	ted Liability Company	<del> </del>			·
L22000107961						
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the al	bove listed limited liability	company at its	s last kn	own ad	dress.
The agency is terminated	l and the office discor	ntinued on the 31st day afte	r the date on w	hich thi	s statei	nent is filed.
		Signature of Resigning Agent				
If signing on behalf of ar	n entity:				13	
	Cheyenne Mosel	ey				
	Ту	ped or Printed Name				
	Asst. Secretary for U	nited States Corporation Ag	ents, Inc.	(0)	င်္ဃ	
		Capacity		SS CO	79 11:	
	<u>FILING</u> [			STATE E. FL	PH 3: 10	
	\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liability	ed/ voluntarily	dissolv	ed/	

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