# L22000 112961

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#### COVER LETTER

Registration Section Division of Corporations SUBJECT: Sweet & Salty Sistas, LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000112961 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** 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 provisio	ns of section 605.011	5. Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.			, hereby resigns as			
	Name of Registered Ages	nt				
Registered Agent for S	weet & Salty Sista	as, LLC				
	Name of Lin	ited Liability Company				_•
L22000112961						
Document N	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability of	company at its last	t known	address	; <b>.</b>
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which	n this sta	tement	is filed.
		Signature of Resigning Agent				
If signing on behalf of a	in entity:					
	Cheyenne Moseley				29	
	Τ			023		
	Asst. Secretary for U	ents, Inc.	<u>::</u>	AUC	<del></del>	
		Capacity		1 2023 AUG 17 AM TALLAHASSEE		,
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	d/ voluntarily dis	solyed/	AH 8: 09	,

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