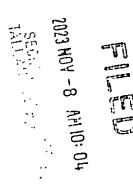
L22000124618

(Requestor's Nar	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	none #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numl	per)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	
,	
Imills	
Office Use	Only



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COVER LETTER · · ·

TO: Registration Section
Division of Corporations

Suprement Things and Such LLC

Name of Limited Liability	Company
•	Company
DOCUMENT NUMBER: L22000124618	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
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.	
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:	
800 	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115, Florida Statutes, the undersi	.gned,
United States Corpo	oration Agents, Inc.	nereby resigns as
	Name of Registered Agent	
Registered Agent for Th	nings and Such LLC	
	Name of Limited Liability Company	,
L22000124618		
Document Nur	mber, if known	
A copy of this resignatio	n was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminated	I and the office discontinued on the 31st day after to	he date on which this statement is filed.
	Signature of Resigning Agent	923 NOV -8
If signing on behalf of ar	n entity:	1 and
	Cheyenne Moseley	0.0
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	nts, Inc.
	Capacity	

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