# L22000155711

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



400418149934

10/31/23--01015--003 \*+25.00

2023 CST 31 AH 7: 45

J 11/8/2023

#### **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: FIX U UP LLC	
Name of Limited L	iability Company
DOCUMENT NUMBER: L22000155711	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matter	er to the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	<del></del>
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notifica	ition)
For further information concerning this matter, please	call:
800 at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unde	ersigned.
United States Corporation Agents, Inc herei		, hereby resigns as
		, hereby resigns as
Registered Agent for F	IX U UP LLC	
	Name of Limited Liability Company	·
L22000155711		
Document Nu	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day afte	r the date on which this statement is filed.
	Signature of Resigning Agent	<u>.</u>
If signing on behalf of a		2023 CCT
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	gents, Inc.
	Capacity	7:45

Make checks payable to Florida Department of State and mail to: Division of Corporations

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327

Tallahassee, FL 32314