L22000171013

(Requestor's Name)
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PICK-UP WAIT MAIL
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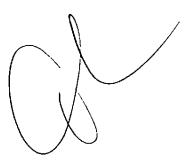
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COVER LETTER

Registration Section Division of Corporations SUBJECT: Mickey's Kitchen LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000171013 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.011	15, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc. , hereby res						
Registered Agent for $\frac{N}{2}$	lickey's Kitchen L	LC			_ <u></u>	
					,	
	Name of Lin	nited Liability Company				
L22000171013						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability c	ompany at its last l	known ad	dress.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which	this stater	nent is	filed.
		Signature of Resigning Agent				
lf signing on behalf of a	an entity:					
	Cheyenne Moseley				207	
	Typed or Printed Name			A.S.	2023 OCT 3 I	*E-TREE
	Asst. Secretary for United States Corporation Agents, Inc.			/ ≯•ς	CT	
		Cupacity		HAS	<u>ယ</u>	j
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	I/vofuntarily disso	of STATE	AM 9: 59	

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