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COVER LETTER

TO: Registration Section Division of Corporations

_{SUBJECT:} Stepnanie Boyd LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000173379	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e 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:	
31 (800	773-0888
Name of Person at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0115, Florida Statutes, the und	ersigned,	_
United States Corp	poration Agents, Inc.	_, hereby resigns as	2024 AUG-1
	Name of Registered Agent	_ ,,, ,	一层星刀
Registered Agent for	Stephanie Boyd LLC		<u> </u>
			1 3 3 0
	Name of Limited Liability Company		20: -
L22000173379			第 6
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last	known address.
The agency is terminate	ed and the office discontinued on the 31st day aft	er the date on which	this statement is filed.
	Crik Treutlein		
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation	Agents, Inc.	
	Capacity		

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admi