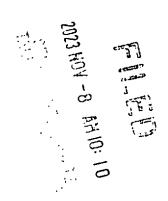
L22000191324

(F	Requestor's Name)
(/	Address)
(/	Address)
(0	Dity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
Imils	
- V	Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Stumpsquatch Stump Grid	
Name of Limited Liability	v Company
DOCUMENT NUMBER: L22000191324	
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	he 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:	
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0115, Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	,	
L22000191324			
Document N	lumber, if known		
A copy of this resignat	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 after	r the date on which this statement is fi	iled.
	Signature of Resigning Agent		
If signing on behalf of an entity:		2023 NOV	<u></u>
	Cheyenne Moseley	. 0	ا دهسته دستون
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	ents, Inc.] € d
	Capacity	ents, Inc.	† ==\$

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