# L22000203565

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TALLAHASSEE, FLORIDA

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### **COVER LETTER**

CO: Registration Section Division of Corporations
UBJECT: CHEERsentials LLC  Name of Limited Liability Company
OCUMENT NUMBER: L22000203565
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit or filing.
lease return all correspondence concerning this matter to the following:
Jnited States Corporation Agents, Inc.
Name of Person
egalzoom.com, Inc.
Name of Firm/Company
900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
aresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (800) 773-0888  Area Code Daytime Telephone Number
nclosed is a check made payable to the Florida Department of State for \$85.00 for an active limite ability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.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	ns of section 605.011	5, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.			, hereby resigns as		
	Name of Registered Age	nt			
Registered Agent for C	HEERsentials LL	С			
	Name of Lin	nited Liability Company			•
L22000203565					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability o	company at its last kno	own address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	the date on which thi	s statement is	filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Moseley		AL	2024 HAY 29	
	<u></u>	yped or Printed Name		<b>*</b>	11
	Asst. Secretary for United States Corporation Agents		ents, Inc.	29 28 28 28	1
		Capacity		PH 3:5	m
				FLO SI	$\cup$
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co- Administratively dissolved withdrawn limited liabilit	d/ voluntarily dissoly	DIS -	

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