L22000215149

(Requestor's Name)		
(Address)		
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(Cit. (Chab. (Zia (Dhana 4)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Littly Harte)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	940)
Division of Corporations	
SUBJECT: Sofis Kitchen LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000215149	
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 the	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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the uno	dersigned.
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as
		Hereby resigns as
Registered Agent for _	Sofis Kitchen LLC	
	Name of Limited Liability Company	·
L22000215149		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liabilit	ty company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day af	fer the date on which this statement is filed.
	Crik Treutlein	
	Signature of Resigning Agent	2024
If signing on behalf of a	in entity:	TALLAHASSE
	Erik Treutlein	ASSEE
	Typed or Printed Name	
	Vice President for United States Corporation A	Agents, Inc.
	Capacity	ORIDA

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 \$ 25.00