# (77000250599

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

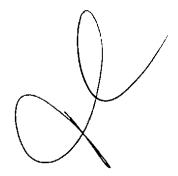




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### **COVER LETTER**

·		
SUBJECT: Black Flag Supply Compa	ny LLC	
•	Company	
DOCUMENT NUMBER: L22000250599		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	e submitted
Please return all correspondence concerning this matter to the	e tollowing:	
United States Corporation Agents, Inc.		2023 OCT 30
Name of Person	•	00.7
Legalzoom.com, Inc.		30
Name of Firm/Company		<b>E</b>
9900 Spectrum Dr.		) AN 10: n5
Address		יט
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	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 unders	igned,
United States Corporation Agents, Inc, hereby re		hereby resigns as
Registered Agent for	Black Flag Supply Company LLC	
<del>.</del>	Name of Limited Liability Company	,
L22000250599		
Document N	lumber, if known	
•	ion was mailed to the above listed limited liability co	73
	Signature of Resigning Agent	30
If signing on behalf of		AH 10: n5
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	

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