L22000257553

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only				



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Swigert Products LLC	
Name of Limited Liabili	ty Company
DOCUMENT NUMBER: L22000257553	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		hereby resigns as	oroby regions as		
		_ , hereby resigns as			
Registered Agent for S	wigert Products LLC				
	Name of Limited Liability Company				,•
L22000257553					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the above listed limited liability c	ompany at its last l	known a	ddress.	
The agency is terminated	d and the office discontinued on the 31st day after	the date on which	this state	ement is	filed.
	all				
	Signature of Resigning Agent		∑∽	202	
If signing on behalf of an entity:				2023 NOV	
	Cheyenne Moseley		٠.	t	द्धाः सुरक्षाः
	Typed or Printed Name		-	8	ो ह है स्टाप्त
	Asst. Secretary for United States Corporation Age	nts, Inc.		**************************************	
	Capacity			AH H: 45	'مُدِدَدُ
			:	Ţ	

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company