## L22000258706

(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				
J DENAVIS				
<b>AU</b> B 201 2023				

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Ricky Pinnock Photograph	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000258706	<u> </u>
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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of	section 605.0115,	Florida Statutes, the undersigned,	
United States Corporati	on Agents, Inc	, hereby resigns as	
	of Registered Agent		
Registered Agent for Ricky	Pinnock Photo	graphy LLC	
	Name of Limit	ed Liability Company	<del></del> ·
L22000258706			
Document Number,	if known	_	
A copy of this resignation wa	s mailed to the ab	ove listed limited liability company at its last l	known address.
The agency is terminated and	the office discon	tinued on the 31st day after the date on which the state of Resigning Agent	this statement is filed.
If signing on behalf of an ent	ty:		
Ch	eyenne Mosel	ey	
	•	ped or Printed Name	
Ass	t. Secretary for Ui	Capacity	
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily disso withdrawn limited liability company	UG -8
M	ake checks payabl	e to Florida Department of State and mail to:	PH 196

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314