L22000259755

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

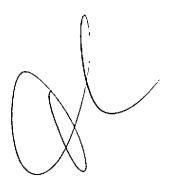




700417783447

10/31/23--01045--021 **25,00

2023 OCT 31 AM 9: 55



COVER LETTER

Registration Section Division of Corporations SUBJECT: MJ The Shoe Kid LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000259755 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the undersi	gned.
United States Corporation Agents, Inc.		nereby resigns as
	Name of Registered Agent	icroby resigns as
Registered Agent for M	J The Shoe Kid LLC	
	Name of Limited Liability Company	·
L22000259755		
Document Nu	mber, if known	
A copy of this resignation.	on was mailed to the above listed limited liability co	mpany at its last known address.
The agency is terminated	on was mailed to the above listed limited liability condition and the office discontinued on the 31st day after the Signature of Resigning Agent	
If signing on behalf of an entity:		Mar 🛣
	Cheyenne Moseley	9: 5 E.FIL
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	ts, Inc.
	Capacity	

FILING FEES:
\$ 85.00
\$ 25.00
Active limited liability company
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