L2200278431

(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MsFitz Outdoor Adventure	
Name of Limited Liability	
DOCUMENT NUMBER: L22000278631	
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	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 under	ersigned,
United States Corp	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	thereby resigns as
Registered Agent for	AsFitz Outdoor Adventures LLC	<u>-</u>
	Name of Limited Liability Company	·
L22000278631		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is filed
	Signature of Resigning Agent	
If signing on behalf of a	in entity:	2023 [1.57] 2.2
	Cheyenne Moseley	22
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	
	Capacity	7: 30

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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