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COVER LETTER

Registration Section Division of Corporations SUBJECT: Chef T LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000290322 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 605.0115, Florida Statutes, the unde	rsigned,
United States Corporation Agents, Inc. hereby		, hereby resigns as
	lame of Registered Agent	,
Registered Agent for Che	ef T LLC	
	Name of Limited Liability Company	·
L22000290322		
Document Num	ber, if known	
A copy of this resignation	was mailed to the above listed limited liability	company at its last known address.
	and the office discontinued on the 31st day afte	
The agency is terminated	and the office discontinued on the 31st day and	The date of which this statement is the
-	Signature of Resigning Agent	
If signing on behalf of an	entity:	2023
-	Cheyenne Moseley	€
	Typed or Printed Name	~~~
	Asst. Secretary for United States Corporation Ag	gents, Inc.
•	Capacity	
		$\dot{\omega}$
	FILING FEES: \$ 85.00 Active limited liability c \$ 25.00 Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/ ity company

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