L22000314301

(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. HORNE JUL - 1 2024				

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LOIIS' Soaps & Candles L	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L22000314301	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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 at (Area Code	773-0888 Daytime Telephone Number
	A

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

			2024/1 30 Miles 12
Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the	undersigned,	30
	poration Agents, Inc.		6740
	Name of Registered Agent	, hereby resigns as	12
Registered Agent for $\frac{1}{2}$	Lolis' Soaps & Candles LLC		·
	Name of Limited Liability Company		 ,
L22000314301			
Document ?	Number, if known		
A copy of this resignat	ion was mailed to the above listed limited fiab	pility company at its last know	n address.
The agency is terminat	ed and the office discontinued on the 31st day	after the date on which this s	tatement is filed.
	Signature of Resigning A	gent	
f signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	n Agents, Inc.	
	Capacity		

FILING FEES: \$ 85.00 Active \$ 25.00 Admi 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