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COVER LETTER

Division of Corporations SUBJECT: Zero Fade LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000345248 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)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

For further information concerning this matter, please call:

Name of Person

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:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15. Florida Statutes, the unde	rsigned,				
United States Corporation Agents, Inc.			, hereby resigns as	rocione ac			
Name of Registered Agent				congris to			
Registered Agent for Z	ero Fade LLC						
	Name of Li	mited Liability Company					
L22000345248							
Document N	umber, if known						
A copy of this resignati	on was mailed to the	above listed limited liability	company at its last	known ac	ddress.		
		•	•				
The agency is terminate	ed and the office disc	ontinued on the 31st day after	r the date on which	this state	ment is	i tiled.	
		Signature of Resigning Agent					
		Signature of Resigning Agent					
If signing on behalf of a	in entity:						
	Cheyenne Moseley						
	Typed or Printed Name						
	Asst. Secretary for United States Corporation Agents, Inc.				2023 DEC		
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	FILING	FEES:		SEF SEF	¥	1 · · ·	
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily diss ty company	olvæ E	PH 12: 21	O	

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