U22000315878

(Requestor's Name)		
(Address)		
(1-211-2-2)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· <u></u>		
Special Instructions to Filing Officer:		
<u> </u>		

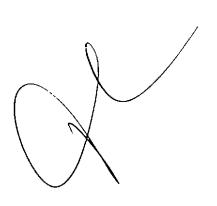
Office Use Only



400417786444

10/30/23-+01006--015 ++25.00

2023 (FOT 30 - FOT IO: N6



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BlackWater Taxidermy LL	C
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000375878	
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	2023 OCT 30
City/State and Zip Code	
raresignations@legalzoom.com	30
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	Ŋ; n
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes.	, the undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	, nereby resigns us
Registered Agent for BlackWater Taxidermy LLC	
Name of Limited Liability Compan	ny ,
L22000375878	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited. The agency is terminated and the office discontinued on the 31s	
Signature of Resigni	2023 C
If signing on behalf of an entity:	ယ O
Cheyenne Moseley	<u>:</u>
Typed or Printed Name	oration Agents Inc.
Asst. Secretary for United States Corpo	pration Agents, Inc.
Capacity	

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