# L22000 384 591

(Re	equestor's Name)	<del></del>
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	· #)
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(Do	ocument Number)	
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400428671074

Charles Marin Charles

SECRED TO JUST 13

## COVER LETTER

SUBJECT: Soflocardcollector LLC  Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000384591		
The enclosed Resignation of Registered Agent for a Limited for filing.	l 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	-	20
Legalzoom.com, Inc.		2024 KPR 30
Name of Firm/Company	·	(၂) (၂)
9900 Spectrum Dr.		0 -
Address	•	::
Austin, TX 78717		ن <u>ب</u>
City/State and Zip Code	-	1
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

## MAILING ADDRESS:

liability company.

**TO:** Registration Section Division of Corporations

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 provisi	ons of section 605.0115, Florida Statutes, the undersi	igned,
United States Corporation Agents, Inc. , hereby re		hereby resigns as
		icreby resigns as
Registered Agent for _	soflocardcollector LLC	
	Name of Limited Liability Company	·
L22000384591		
Document N	Number, if known	
	ion was mailed to the above listed limited liability co ed and the office discontinued on the 31st day after t	he date on which this statement is filed.
	Signature of Resigning Agent	30
If signing on behalf of an entity:		့ ယ ႏ —
	Cheyenne Moseley	·
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	nts, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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