L22000 386 651

(Re	equestor's Name)	
(Ad	ldress)	
	[
(AO	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
(P.:	siness Entity Nami	<u></u>
ud)	siness Entity Nami	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MUPPS LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000386651	
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	-
Legalzoom.com, Inc.	202
Name of Firm/Company	
9900 Spectrum Dr.	2024 FEB 13
Address	-
Austin, TX 78717	- 5 - 5
City/State and Zip Code	<u> </u>
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 (800 Area Code	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

United States Cor	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	
Registered Agent for _	MUPPS LLC	
	Name of Limited Liability Company	
	Name of Entitled Elability Company	
L22000386651		
Document	Number, if known	
	Number, if known tion was mailed to the above listed limited liability co	ompany at its last known address.
A copy of this resigna		
A copy of this resigna	tion was mailed to the above listed limited liability co	
A copy of this resigna	tion was mailed to the above listed limited liability co	the date on which this statement is
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability of ted and the office discontinued on the 31st day after to Signature of Resigning Agent	the date on which this statement is
A copy of this resigna	tion was mailed to the above listed limited liability of ted and the office discontinued on the 31st day after to Signature of Resigning Agent	the date on which this statement is 2024 FEB
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability of ted and the office discontinued on the 31st day after to Signature of Resigning Agent an entity:	the date on which this statement is 2024 FEB 13
A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability of ted and the office discontinued on the 31st day after to Signature of Resigning Agent an entity: Cheyenne Moseley	the date on which this statement is 2024 FEB 13

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