422000394530

(Requestor's Name) (Address)	900398938489		
(Address)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/13/2201006015 **25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022 DEC 13 AM		

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COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Spidexelg LLC Name of Limited Liability Company
DOCUMENT NUMBER: L22000394530
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)
For further information concerning this matter, please call:
Name of Person at (800) 773-0888 Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.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 provi:	sions of section 605.0115, Florida Statutes, the undersi	gned,		
United States Co	rporation Agents, Inc.	iereby resigns as		
	Name of Registered Agent	creby resigns as		
Registered Agent for	Spidexelg LLC			
	Name of Limited Liability Company		 ·	
L22000394530				
Document	Number, if known			
	ation was mailed to the above listed limited liability contented and the office discontinued on the 31st day after the Signature of Resigning Agent		tement is f	iled.
If signing on behalf o	f an entity;	• 1	2022	
	Cheyenne Moseley		020	777
	Typed or Printed Name	·	$\frac{1}{\omega}$	1
	Asst. Secretary for United States Corporation Agent	is, Inc.		111
	Capacity	· · · · · · · · · · · · · · · · · · ·	AM 9: 12	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00