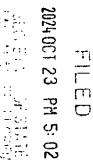
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(Requestor's Name)				
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☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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10/23/24--01030--014 \*\*25.00



### **COVER LETTER**

TO: Registration Section Division of Corporations

<sub>subject:</sub> Angel's Artisan Abodes LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L22000406431	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt for filing.	ed
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	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the unders	igned,
United States Corporation Agents, Inc. , hereby r		hereby resigns as
		neredy resigns as
Registered Agent for _	Angel's Artisan Abodes LLC	
	Name of Limited Liability Company	······································
L22000406431		
Document ?	Number, if known	
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address
The agency is terminat	ted and the office discontinued on the 31st day after t	he date on which this statement is filed.
	Erik Treutlein	
	Signature of Resigning Agent	
If signing on behalf of	an entity;	
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corporation Age	ents, 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