L2200401312

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COVER LETTER

SUBJECT: Restless Barbarian Gaming LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L22000407312
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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Registration Section Division of Corporations

TO:

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.			<u>:-</u> :	24	
United States Corporation Agents, Inc. , heret		hereby resigns as	: <u>*</u> :	24 HAR	T)
		, hereby resigns as		8-	=
Registered Agent for	Restless Barbarian Gaming LLC		- !": -:, :-,	- A	037
_			0	-	
	Name of Limited Liability Company		-		.•
L22000407312					
Document	Number, if known				
A copy of this resigna	ation was mailed to the above listed limited liability o	ompany at its last k	nown ade	dress.	
The agency is termina	ated and the office discontinued on the 31st day after	the date on which the	his staten	nent is	s filed.
	Signature of Resigning Agent				
If signing on behalf or	f an entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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