L22000 HM 360

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certificates of Status		
Special Instructions to Filing Officer.		





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SECRETARY OF STATE

COVER LETTER

•	
SUBJECT: Pocket-Sized Boxes LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000414360	
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.	
Name of Firm/Company	TAX TAX
9900 Spectrum Dr.	DEATHAR 27 PH 2: 49 SECRETARY SEEE, FL
Address	
Austin, TX 78717	7 7 T.
City/State and Zip Code	15
raresignations@legalzoom.com	(4)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.0115, Florida Statutes, the unders	igned,
United States Corp	nited States Corporation Agents, Inc. hereby resigns as	
	Name of Registered Agent	
Registered Agent for P	ocket-Sized Boxes LLC	
	Name of Limited Liability Company	•
L22000414360		
Document No	umber, if known	
A copy of this resignation. The agency is terminate	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after to	ompany at its last known address. the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of a	nn entity:	£ 2.1 ₹3.1
	Cheyenne Moseley	H-19
	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