# 122000438732

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Stephanie Louise Market	ing LLC	
Name of Limited Liabilit	y Company	_
DOCUMENT NUMBER: L22000438732		<del>_</del>
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee a	are submitted
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	<del>-</del> .	
9900 Spectrum Dr.		
Address	-	
Austin, TX 78717		
City/State and Zip Code	-	<b>20</b>
raresignations@legalzoom.com		13.55 2023 NOV 2025 13.5
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
at (	773-0888	
Name of Person Area Code	Daytime Telephone Number	구성 <u>트</u>

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned,	
United States Corporation Agents, Inc. hereby resigns as		
Name of Registered Agent	, nereby resigns as	
Registered Agent for Stephanie Louise Marketing	g LLC	
Name of Limited Liabilit	ty Company	
L22000438732		
Document Number, if known		
A copy of this resignation was mailed to the above listed	ed limited liability company at its last known addres	SS.
The agency is terminated and the office discontinued on	n the 31st day after the date on which this statemen	t is filed.
Signature of	of Resigning Agent	2023 NOV SEGGET
If signing on behalf of an entity:		
Cheyenne Moseley		00
Typed or Print	ted Name	
Asst. Secretary for United State	es Corporation Agents, 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