L22000 HAI 96H

(Re	equestor's Name)
(Ãc	ddress)
(Ac	ddress)
<u>(Ĉi</u>	ty/State/Zip/Phone #)
•	,
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
,	,
Carlord Carlor	0-4/5
Centiled Copies	Certificates of Status
Special Instructions to	Filing Officer:
	·

Office Use Only



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04/30/24--01028--007 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Garage Life Culture LLC	;	
Name of Limited Liab	ility Company	•
DOCUMENT NUMBER: L22000441964		_
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee ar	e submitted
Please return all correspondence concerning this matter t	to the following:	2024 14. 2.30
United States Corporation Agents, Inc.	7. C 	2 (111 23
Name of Person		治
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		, œ
Address		
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification	a)	
For further information concerning this matter, please cal	II:	
800 at (773-0888	
Name of Person Area Co	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Florida Statutes, the undersi	igned,
	oration Agents, Inc.	
	Name of Registered Agent	nereby resigns as
Registered Agent for	arage Life Culture LLC	
	Name of Limited Liability Company	
L22000441964		~2
Document Number, if known A copy of this resignation was mailed to the above listed limited liability company		1024 F
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after the	ne date on which this statement is filed.
	Signature of Resigning Agent	——————————————————————————————————————
f signing on behalf of a	2 2 2 2 2 2	. 50
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agent	ts, 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