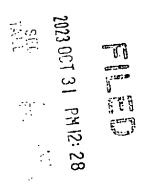
L22000476339

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



800417279518

10/31/23--01026--013 **25.00



COVER LETTER

Registration Section Division of Corporations _{SUBJECT:} Lizzies Doodles LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000476339 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 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

OT:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the unc	dersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	_ thereby realigns us	
Registered Agent for _	Lizzies Doodles LLC		_
<u> </u>	Name of Limited Liability Company		
L22000476339			
Document A	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last known addres	S.
The agency is terminat	ed and the office discontinued on the 31st day af	ter the date on which this statement	is filed.
	Cu		
	Signature of Resigning Agen	702	
If signing on behalf of an entity:		2023 OCT	Ti
	Cheyenne Moseley		محدد ا
	Typed or Printed Name	_	ं स्टब्स्
	Asst. Secretary for United States Corporation A	Agents, Inc.	
	Capacity		DE 17: 28

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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