# L22000489534

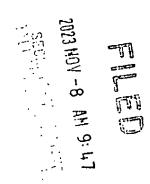
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## COVER LETTER

SUBJECT: Taylor Products LLC	
Name of Limited Liability	/ Company
DOCUMENT NUMBER: L22000489534	<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provision	ons of section 605.011.	<ol><li>Florida Statutes, the unde</li></ol>	rsigned,		
United States Corporation Agents, Inc.  Name of Registered Agent		IC.	, hereby resigns as		
		nt	, hereby resigns as		
Registered Agent for _	aylor Products LL	C			
	Name of Lim	ited Liability Company			
L22000489534					
Document N	umber, if known	<del></del> -			
A copy of this resignati	on was mailed to the a	bove listed limited liability	company at its last know	vn address.	
		ntinued on the 31st day after			
		Signature of Resigning Agent	<del></del>	2	
If signing on behalf of a	an entity:		1 	0231	À
	Cheyenne Mose	ley	,- -	2023 HOV	ز د ≃
	T	yped or Printed Name	<del></del>	00	ខេត្ត
	Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.		ا ، 
		Capacity	<del></del>	M 9: 47	===
				÷ 5	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily dissolved/	· /	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314