L22000491574

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	-
(* **		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PAZAZ Services LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000491574	<u>. </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida St	atutes, the undersigned,		
United States Corporation Agents, Inc.		, hereby re	_ , hereby resigns as	
	Name of Registered Agent		U .	
Registered Agent for P	AZAZ Services LLC			
	Name of Limited Liability (Company	·	
L22000491574				
Document Nu	mber, if known			
	on was mailed to the above listed			Glad
The agency is terminate	d and the office discontinued on t	he 31st day after the date of	on which this statement is i	ned.
	Signature of	Resigning Agent	2023 NOV	
If signing on behalf of a	n entity:		2	
	Cheyenne Moseley		2	j r≠="i
	Typed or Printe	d Name	2	يان ي _ا .
	Asst. Secretary for United State	s Corporation Agents, Inc.		ئىسىيىن ئىسىيىن
	Capacity		_	- o

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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