# L23000039921

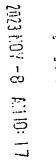
(Requestor's Name)
(Address)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
milk

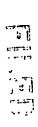




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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: I oadstool Cafe LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000039921	
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	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 605.01	15. Florida Statutes, the unders	signed,		
United States Corporation Agents, Inc.			nereby resigns as		
Registered Agent for	oadstool Cafe LL	.C			
				•	
	Name of Lit	mited Liability Company			
L23000039921					
Document No	umber, if known	<del></del>			
A copy of this resignation	on was mailed to the	above listed limited liability co	ompany at its last known	ı address.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which this str	atement is filed.	
		Signature of Resigning Agent	<del></del> -		
If signing on behalf of a	in entity:				
	Cheyenne Mose	eley		_	
		Typed or Printed Name		2023	
	Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.	7023 HO'/	
		Capacity		1 (100,11)	
				O 3	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	//voluntarily dissolved/	三 五	

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