L23000066569

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000421878230

01/17/24--01011--004 **25.00

2021 JEN 17 MM 9: 46

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Queen Of The South			
Name of Limited Liability	y Company		
DOCUMENT NUMBER: L23000066569			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	e submi	tted
Please return all correspondence concerning this matter to t	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-		
9900 Spectrum Dr.			
Address	- 	2024	
Austin, TX 78717		2024 JAN 17	
City/State and Zip Code		[]	•
raresignations@legalzoom.com	· (*	9h:6 HW	P-cSJ
E-mail address: (to be used for future annual report notification)	t gher ma	ڥ	٠٤ ۽ ٠
For further information concerning this matter, please call:	17	1 5	
800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the under	signed,
United States Cor	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	Hereby resigns as
Registered Agent for _	The Queen Of The South LLC	
	Name of Limited Liability Company	,
L23000066569		2
Document Number, if known		17. W. F. S. W. F. W. F. S. W. F. W. F. S. W. F. S. W. F. W.
	ion was mailed to the above listed limited liability of and the office discontinued on the 31st day after	the date on which this statement is filed:
	Signature of Resigning Agent	MH 9: 46
If signing on behalf of	an entity;	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, 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