L23000070905

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

Office Use Only



000431311680

09/12/24--01020--020 **25.00

SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: AMUSEMENT Vending LI Name of Limited Liability	Company
DOCUMENT NUMBER: L23000070905	
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.	2021 JUH 12 MH 11: 29 SECRETARY OF STATE FALL AHASSEE, FI
Address	TALLAH
Austin, TX 78717	TAY N
City/State and Zip Code	
raresignations@legalzoom.com	1. 20 F1
E-mail address: (to be used for future annual report notification)	cr)
For further information concerning this matter, please call:	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unde	ersigned,
United States Corporation Agents, Inc hereby		
		, hereby resigns as
Registered Agent for _	AMUSEMENT Vending LLC	
	Name of Limited Liability Company	·
L23000070905		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which this statement is filed.
	Crik Treetlein Signature of Resigning Agent	2024 JUH 12 SECRETAR TALLAHA
f signing on behalf of a	n entity:	
	Erik Treutlein	
	Typed or Printed Name	ents, Inc. 29
	Vice President for United States Corporation Age	ents, 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