# L23000011008

(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:

Office Use Only



000431688060

06.101/24--01018--008 ••25.00

FILED
2024 JUN 21 PH 1: 08
TATE ANASSEE, FLORIDA

#### COVER LETTER

SUBJECT: Little Wonders Books LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000077008 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi-	ons of section 605.01	15. Florida Statutes, the unders	igned,		
Name of Registered Agent			hereby resigns as		
			neredy resigns as		
Registered Agent for L	_ittle Wonders Bo	oks LLC			
	Name of Li	imited Liability Company		_	<del></del> ,
L23000077008					
Document N	lumber, if known				
A copy of this resignati	ion was mailed to the	above listed limited liability co	ompany at its last kr	nown addre	SS.
The agency is tenninate	ed and the office disc	ontinued on the 31st day after t	he date on which th	nis statemen	t is filed.
		Signature of Resigning Agent			
If signing on behalf of a	an entity:				
	Erik Treutlein				
	Typed or Printed Name			₹. <b>2</b>	
	Vice President for United States Corporation Ag		its, Inc.	11. <b>12. 12. 12. 12. 12. 13. 1</b>	-
		Capacity		Z024 JUN 21 TALLAHASSE	•
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	pany Voluntarily dissolv	F = 1	

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