L23000137243

(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:				
MA TORK				





200428669522

04/20/24--01015--011 **25.00



COVER LETTER

Registration Section Division of Corporations SUBJECT: Firearms Coupons LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000137243 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			1004 APR 30 PA 12: 2
Pursuant to the provisions of s	section 605.0115, Florida Statutes,	the undersigned.	
United States Corporation	on Agents, Inc.	, hereby resigns as	3 6
	of Registered Agent	(Nereo) resigns as	1 1 2 C
Registered Agent for Firear	ns Coupons LLC		
	Name of Limited Liability Compan	у	
L23000137243			
Document Number,	fknown		
	s mailed to the above listed limited the office discontinued on the 31s		
	Signature of Resigni	ng Agent	
If signing on behalf of an enti	ıy:		
Cheyenne Moseley			
	Typed or Printed Name		
Asst	. Secretary for United States Corpo	oration Agents, 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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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