12300143900

(2)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dualitess Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENING				
J Derays				
AUG 1 3 2023				

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COVER LETTER

SUBJECT: MIYAH'S MARKETING LLC Nam	e of Limited Liabil	ity Company
DOCUMENT NUMBER: 1.23000143900)	
The enclosed Resignation of Registered for filing.	Agent for a Limi	ted Liability Company and fee are submitted
Please return all correspondence concer-	ning this matter to	the following:
Brittney Fulghum		
Name of Person		
LEGALCORP SOLUTIONS, LLC		
Name of Firm/Compan	ıy	
3 GREENWAY PLAZA STE 1320		
Address		
HOUSTON, TX 77046		
City/State and Zip Cod		
ariaskaren@icloud.com		
E-mail address: (to be used for future annu	ual report notification	<u>) </u>
For further information concerning this	matter, please cal	l:
BRITTNEY FULGHUM	888	534-3018
Name of Person	Area Co	534-3018 de Daytime Telephone Number

Mailing Address:

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Flo	rida Statutes, the undersigned,
LEGALCORP SOLUT	TONS, LLC	, hereby resigns as
	Name of Registered Agent	, ,
Registered Agent for	MIYAH'S MARKETING LLC	
	Name of Limited L	ability Company
L23000143900		
Document	Number, if known	
A copy of this resigna	ntion was mailed to the above	listed limited liability company at its last known address.
The agency is termina	nted and the office discontinu	ed on the 31st day after the date on which this statement is filed
	Sign	ature of Resigning Agent
If signing on behalf o	f an entity:	
	TRAVIS CRABTREE	
	Typed o	r Printed Name
	MEMBER	
	Ca	nucity

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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