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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Crazy Work Construction Name of Limited Liability	LLC
DOC	UMENT NUMBER: L23000145615	————————
The en	nclosed Resignation of Registered Agent for a Limited ing.	Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	ne following:
Unite	d States Corporation Agents, Inc.	
	Name of Person	•
Lega	Izoom.com, Inc.	
-	Name of Firm/Company	-
9900	Spectrum Dr.	
	Address	-
Austi	n, TX 78717	
	City/State and Zip Code	
rares	ignations@legalzoom.com	
E	-mail address: (to be used for future annual report notification)	•
For fu	rther information concerning this matter, please call:	
	800 at (773-0888 Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the Florida Departmen ty company or \$25.00 for an administratively dissolve ty company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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 provisio	ns of section 605.0115, Florida Statutes, the under	rsigned,	
United States Corporation Agents, Inc. , hereby res		, hereby resigns as	
		_, nerco, resigno ta	
Registered Agent for C	razy Work Construction LLC		
	Name of Limited Liability Company		
L23000145615			
Document N	umber, if known		
	on was mailed to the above listed limited liability and and the office discontinued on the 31st day after		filed.
If cianing on habalf of s	Crik Treutlein Signature of Resigning Agent	2024 JUL 24	are Th
If signing on behalf of an entity:		JUL	
	Erik Treutlein		-
	Typed or Printed Name Vice President on behalf of United States Corporation A	gents, Inc.	
	Capacity	PRA JUL 24 AM 8: 15	Name of

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company