13000 189704

(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:
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SEI SE TARY OF STATE OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Mission Demand LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L23000189204
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte 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 Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.01	15. Florida Statutes, the under	signed.		
United States Corp	hereby resigns as				
	nereby resigns as				
Registered Agent for M	lission Demand L	LC	<u>.</u> .		_
	Name of Lir	nited Liability Company			_,
L23000189204					
Document Nu	ımber, if known				
		above listed limited liability continued on the 31st day after Signature of Resigning Agent	·		
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley			
		Typed or Printed Name United States Corporation Age	nts, Inc.	2023 J	ر ال الا الا
	<u> </u>	Capacity		11 NOF 8203	E TAR
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany l/ voluntarily dissolved/ y company	PM 1: 53	Y OF STATE

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