L23000 189711

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2024 JUN 20 AM 8: 10

COVER LETTER

SUBJECT: Steel Reign Armory LLC	
Name of Limited Liability DOCUMENT NUMBER: L23000189711	Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.011	5, Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc. , hereby resigns as						
-	Name of Registered Age	ent	,	-		
Registered Agent for S	teel Reign Armor	y LLC				
	Name of Lin	nited Liability Company	· — — · ·	-		
L23000189711						
Document Nu	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability (company at its las	t known ac	idress.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which	h this state	ment is	filed.
	بم	rik Treutlein				
		Signature of Resigning Agent				
If signing on behalf of a	in entity:					
	Erik Treutlein			T,	20	
		Typed or Printed Name			24	
	Vice President for U	Inited States Corporation Age	ents, Inc.	Ai-	듳	1 !
		Capacity		TALLAHASSE	2024 JUN 20	-
						M
	FILING	FEES:		FLOA	AM 8: 11	U
	\$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily dist ty company	solve \overline{g}	6	

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