L23000243497

(Requestor's Name)
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(Addison)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Supreme taxation LLC			
Name of Limited Liability	y Company		
DOCUMENT NUMBER: L23000243497			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	: submitt	ted
Please return all correspondence concerning this matter to t	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-		
9900 Spectrum Dr.			
Address			
Austin, TX 78717	م آنها	3	
City/State and Zip Code		<u>.</u> .	• • • •
raresignations@legalzoom.com	::\\.\\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 <u>22</u>	•
E-mail address: (to be used for future annual report notification)	- Šir Ma	PR	
For further information concerning this matter, please call:	ŗ₀ FE	PH 12: 20	Ü
at (773-0888	η Ο	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.01	15, Florida Statutes, the unde	ersigned.			
United States Corp	horaby regions					
	, hereby resigns a	ıs				
Registered Agent for S	upreme taxation	LLC				_
	Name of Lin	nited Liability Company	·			
L23000243497						
Document Nu	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its la	et known	address	c
The agency is terminate	d and the office disco	ontinued on the 31st day afte	r the date on whic	h this stat	lement	is filed
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley			<u> </u>	
		yped or Printed Name		35 ⁷ - 1 - 23	rja -	
	Asst. Secretary for L	Jnited States Corporation Ag	ents, Inc.		:	*=
		Capacity		HASSEE,	28 *** / 31 PM I2: 20	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	mpany d/ voluntarily dis ty company	FL solved/	2: 20	

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