123000313810

(Requ	uestor's Name)		
(Addr	ess)		
(Addr	ess)		
(City/s	State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer.			
J. HORNE			
	SEP 2 4 2024		



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COVER LETTER

Registration Section Division of Corporations SUBJECT: Off Script Apparel LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000313810 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the und	ersigned.	یے
United States Corp	poration Agents, Inc.	homohy anniana an is	347
	Name of Registered Agent	_ , hereby resigns as	F1 7
Registered Agent for	Off Script Apparel LLC		MUH SEP 18 AHII
			7 1
	Name of Limited Liability Company		در د
L23000313810			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known	address.
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this sta	tement is filed.
	Tik Treetlein Signature of Resigning Agent		
If signing on behalf of a	n entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation	Agents, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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