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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SM Food & Nutrition LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L23000321292		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 - - *

2024 OCT 29 AH 11:13

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the	Undersigned. TALLAHASSEE, FI
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as
	Name of Limited Liability Company	,
L23000321292		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liab	pility company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day	after the date on which this statement is filed.
	Trik Treutlein Signature of Resigning A	gent
If signing on behalf of a	an entity:	
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corpora	ition 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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