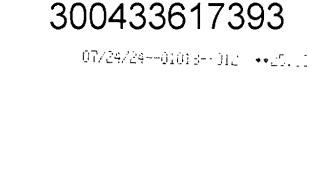
L23000330210

(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	Mait	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Certified Mold Masters LL	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000330210	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	ns of section 605.0115, Flo	orida Statutes, the under	signed,				
United States Corporation Agents, Inc.			_ , hereby resigns as				
Name of Registered Agent							
Registered Agent for	ertified Mold Masters	LLC			_	-	
	Name of Limited L	iability Company				.,	
L23000330210							
Document N	imber, if known						
A copy of this resignation	on was mailed to the above	e listed limited liability o	ompany at its last	known a	ddress.		
The agency is terminate	d and the office discontinu	ied on the 31st day after	the date on which	this state	ement is	s filed.	
	Erik T	reutlein					
		nature of Resigning Agent					
If signing on behalf of a	n entity:			זאָרָר <u>ִ</u>	2024 JUL 24		
	Erik Treutlein			2	إ		
	Typed o	or Printed Name		A S.S.	.2	1	
	Vice President on behalf of U	Inited States Corporation Ag	ents, Inc.	ED.		ָ רון	
	Ca	pacity		<u></u>	Ĭ		
				TALLAHASSEE, FLORIDA	PM 4: 47		
	FILING FEE	<u>:S:</u>					
	\$ 85.00 Ac \$ 25.00 Ad wi	tive limited liability cor Iministratively dissolved thdrawn limited liabilit	npany I/ voluntarily diss y company	solved/			

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