L23000355795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



CF- 8500



200415124412

09/06/23--01029--011 **85.00

COVER LETTER

SUBJECT: Marvin's Room L.L.C.

Name of Limited Liability Company DOCUMENT NUMBER: L23000355795 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida S	Statutes, the undersigned,			
United States Corporation Agents, Inc.		, hereby resigns a	, hereby resigns as		
	Name of Registered Agent	<u> </u>			
Registered Agent for M	arvin's Room L.L.C.				
	Name of Limited Liability	Company		•	
L23000355795					
Document N	ımber, if known				
A copy of this resignation	on was mailed to the above listed	d limited liability company at its la	st known addr	ess.	
The agency is terminate	C	the 31st day after the date on which	rh this stateme	mt is fi	led.
If signing on behalf of a	n entity:			2023 SE	
	Cheyenne Moseley			ברק ברק	1
	Typed or Prin Asst. Secretary for United Stat			-6 -	
	Capacity			===	(-
			;;·	4ii II: 04	التواجة
	FILING FEES: \$ 85.00 Active \$ 25.00 Admini withdra	limited liability company stratively dissolved/ voluntarily d awn limited liability company	issolved/		

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