# 123000359007

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

Office Use Only



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### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Youngblood Cabin	etry LL	.C		
Name of Li	imited Liabilit	y Company		
DOCUMENT NUMBER: L23000359007				
The enclosed Resignation of Registered Agent for filing.	t for a Limite	ed Liability Company	and fee are su	bmitted
Please return all correspondence concerning th	nis 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 repor	rt notification)	<del>_</del>		
For further information concerning this matter,	, please call:			
а	800 at (	773-0888		
Name of Person	Area Code	Daytime Telephone	Number	2021
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	la Departmer vely dissolve	nt of State for \$85.00 ed, voluntarily dissol	for an active I ved or withdra	imited wn timited."
MAILING ADDDECC	amer	EE ANN DEGG	36°	PM '

#### 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

			•	
United States Co	rporation Agents, Ir	c.	, hereby resigns as	
	Name of Registered Age	ıt	, mereoy resigns as	
Registered Agent for	Youngblood Cabine	etry LLC		
	Name of Lim	ited Liability Company		•
L23000359007				
Document	Number, if known	<del></del>		
A copy of this resigna	ation was mailed to the a	bove listed limited liability	company at its last	known address.
The agency is terminate	ated and the office disco	ntinued on the 31st day afte	er the date on which	this statement is filed
		·		
	Trik	Treutlein		
	Trik	Traudlain Signature of Resigning Agent		
If signing on behalf o				
If signing on behalf o				
If signing on behalf o	f an entity: Erik Treutlein			
If signing on behalf o	f an entity: Erik Treutlein	Signature of Resigning Agent	Agents, Inc.	2024 SEP 23 SECRETAR SALLAHR

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