L23000369567

(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
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COVER LETTER

Registration Section Division of Corporations SUBJECT: Six Shops LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000369567 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

at (_____)
Area Code Daytime Telephone Number

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, F	lorida Statutes, the unders	igned,	
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as	
		,		
Registered Agent for Six Sh	nops LLC		- <u></u>	
	Name of Limited	Liability Company		-
L23000369567				
Document Number.	if known	_		
A copy of this resignation wa	s mailed to the abo	ve listed limited liability co	ompany at its last known addr	ess.
The agency is terminated and	the office discontin	nued on the 31st day after (the date on which this stateme	ent is filed
	Crik T	Treutlein gnature of Resigning Agent		
	Si	gnature of Resigning Agent		
f signing on behalf of an enti	ty;			
Eril	k Treutlein			
	Турес	d or Printed Name		
Vice	President on behalf of	United States Corporation Age	ents, Inc.	27
	(Capacity		Ŝ
			100 S	72
	FILING FE	ES:	771777 77777 771	3 P ₁
	\$ 85.00 A \$ 25.00 A	ictive limited liability con idministratively dissolved vithdrawn limited liability	ppany V voluntarily dissolved (*) v company	24 001 23 P.H.2: 08

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