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COVER LETTER

Registration Section Division of Corporations SUBJECT: Allfather supplements LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000387203 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		
United States Corporation Agents, Inc.	. !	
Name of Registered Agent . Hereby re	eby resigns as	
Registered Agent for Allfather supplements LLC		
Name of Limited Liability Company	 -	
L23000387203		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at The agency is terminated and the office discontinued on the 31st day after the date of		
A copy of this resignation was mailed to the above listed limited liability company at	n which this statement is file	
A copy of this resignation was mailed to the above listed limited liability company at The agency is terminated and the office discontinued on the 31st day after the date of Treutlein	n which this statement is file	
A copy of this resignation was mailed to the above listed limited liability company at The agency is terminated and the office discontinued on the 31st day after the date of Treatlein Signature of Resigning Agent	n which this statement is file	
A copy of this resignation was mailed to the above listed limited liability company at The agency is terminated and the office discontinued on the 31st day after the date of Treatlein Signature of Resigning Agent Erik Treutlein Typed or Printed Name	n which this statement is file	
A copy of this resignation was mailed to the above listed limited liability company at The agency is terminated and the office discontinued on the 31st day after the date of Treatlein Signature of Resigning Agent Erik Treutlein	n which this statement is file	

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