# L23000397919

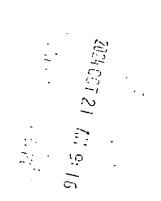
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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	US 41 Nutrition, LLC  Name of Limited Liabili	tty Company
DOCL	JMENT NUMBER: L23000397919	ty Company
	closed Resignation of Registered Agent for a Limit	ed Liability Company and fee are submitted
Please	return all correspondence concerning this matter to	the following:
Sarah	Balen	
	Name of Person	_
МуСо	ompanyWorks, Inc.	
	Name of Firm/Company	<del>-</del>
187 E	. Warm Springs Rd., Suite B	
	Address	_
Las V	egas, NV 89119	
	City/State and Zip Code	_
filings	@mycompanyworks.com	
E-	mail address: (to be used for future annual report notification)	_
For fur	ther information concerning this matter, please call.	
Sarah	Balen 702	362-2677  C Daytime Telephone Number
	Name of Person Area Cod	e Daytime Telephone Number
liability	ed is a check made payable to the Florida Departme y company or \$25.00 for an administratively dissolv y company.	ent of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn limited

#### 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 provi	sions of section 605.0115, Florida Statutes, the	undersigned,
Registered Ager	nt Solutions, Inc.	, hereby resigns as
	Name of Registered Agent	, notedy resigns as
Registered Agent for	US 41 Nutrition, LLC	
	Name of Limited Liability Company	
L23000397919		
	t Number, if known	
Documen A copy of this resign	nation was mailed to the above listed limited liab	024
Documen A copy of this resign	nation was mailed to the above listed limited liab nated and the office discontinued on the 31st day /s/ Jennifer Peters	y after the date on which this statement is
Documen A copy of this resign	nation was mailed to the above listed limited liab	y after the date on which this statement is
Document A copy of this resign The agency is terminate	ation was mailed to the above listed limited liab lated and the office discontinued on the 31st day /s/ Jennifer Peters Signature of Resigning A	y after the date on which this statement is
Document A copy of this resign The agency is terminate	ation was mailed to the above listed limited liab lated and the office discontinued on the 31st day /s/ Jennifer Peters Signature of Resigning A	y after the date on which this statement is
Document A copy of this resign The agency is terminate	ation was mailed to the above listed limited liable ated and the office discontinued on the 31st day  /s/ Jennifer Peters  Signature of Resigning A off an entity:	y after the date on which this statement is
Documen A copy of this resign	/s/ Jennifer Peters Signature of Resigning A of an entity: Jennifer Peters	y after the date on which this statement is

\$ 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

**FILING FEES:**