L23000428001

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

Office Use Only



300437783793

10/11/24--01003--004 **85.00

2024 OCT 11 PM 2: 50 SECK LARY OF STATE TALLAHASSEE, FL

Control of the contro

COVER LETTER

Registration Section Division of Corporations TO: SUBJECT: The French Connect LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000428001 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida	Statutes, the unders	igned.
United States Corporation Agents, Inc.			hamber and an
Name of Registered Agent			hereby resigns as
Registered Agent for	he French Connect LLC	· · · · · · · · · · · · · · · · · · ·	
	Name of Limited Liabili	ty Company	· · · · · · · · · · · · · · · · · · ·
L23000428001			
Document Nu	imber, if known		
			ompany at its last known address. he date on which this statement is filed.
	Crip Tre		
If signing on behalf of a	n entity:		
	Erik Treutlein		
	Typed or Prir	ited Name	
	Vice President on behalf of United	States Corporation Age	nts, Inc.
	Capacity		

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00