# L2300507764

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	Fir Office	. <del></del> .
Special Instructions to	Filing Officer:	

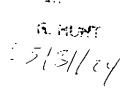
Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sassy Creeks LLC	Tity Company
DOCUMENT NUMBER: L23000507967	nty Company
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
United States Corporation Agents, Inc.	
Name of Person	<del>-</del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	<del>_</del>
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notificatio	n)
For further information concerning this matter, please ca	II:
800 at (	773-0888
Name of Person Area Co	ode Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provision	s of section 605.011:	5, Florida Statutes, the unders	iigned.
United States Corporation Agents, Inc.		hereby resigns as	
Name of Registered Agent		neres, resigns as	
Registered Agent for Sa	ssy Creeks LLC		
	Name of Lim	ited Liability Company	·
L23000507967			
Document Nun	nber, if known		
A copy of this resignation	n was mailed to the a	bove listed limited liability o	ompany at its last known address.
The agency is terminated	and the office disco	ntinued on the 31st day after	the date on which this statement is filed.
		Signature of Resigning Agent	
lf signing on behalf of an	entity:		
Cheyenne Moseley			
Typed or Printed Name		<del></del>	
Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.	
		Capacity	
			· : :
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany // voluntarily dissolved/ y company

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

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