L 23 000545339

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE JUL - Z 2024		





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COVER LETTER

Registration Section Division of Corporations SUBJECT: The Iguana Bros LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000545339 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

raresignations@legalzoom.com

Austin, TX 78717

E-mail address: (to be used for future annual report notification)

City/State and Zip Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 St.	atutes, the undersigned,	
United States Corporation Agents, Inc.	-	3
Name of Registered Agent	, hereby resigns as	-,1
Registered Agent for The Iguana Bros LLC		30 37/8/03
Name of Limited Liability C	Company	
L23000545339		
Document Number, if known		
A copy of this resignation was mailed to the above listed li The agency is terminated and the office discontinued on th		
Signature of R	Resigning Agent	
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed	Name	
Asst. Secretary for United States (Corporation Agents, Inc.	
Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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