L73000555152

(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:





600438110866

10/23/24--01024--004 **25.00

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2024 OCT 23 PH 4: 05

COVER LETTER

SUBJECT: Joy's Goods LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000555152	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
at (773-0888
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisio	ns of section 605.01	15, Florida Statutes, the under	signed.			
United States Corp	oration Agents, I	nc.	haraby raciona as			
Name of Registered Agent . Hereby fest			hereby resigns as	,		
Registered Agent for	oy's Goods LLC					
			·	_		
	Name of Li	mited Liability Company		<u> </u>	_	-"
L23000555152						
Document No	imber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability c	ompany at its last	known a	.ddress.	
	d and the office disco	ontinued on the 31st day after				
	Tik	Signature of Resigning Agent				
If signing on behalf of a	n entity:	mgand of Medigining I to the				
	Erik Treutlein			TA.	202	
		Typed or Printed Name			2024 OCT 23	
	Vice President on beha	alf of United States Corporation Age	ents, Inc.	±ï ≯∵	ဌ	
		Capacity		LAHASSE		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily disso / company	E FLORI	PH 4: 05	

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