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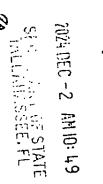
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming Onicer.		

Office Use Only



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COVER LETTER

Division of Corporations SUBJECT: Little Mama's Kitchen LLC Name of Limited Liability Company DOCUMENT NUMBER: L24000320026 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 withdraws limited. liability company. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	dersigned,	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
		_ , ,	
Registered Agent for L	ittle Mama's Kitchen LLC		
	Name of Limited Liability Company	,	
L24000320026			
Document Nu	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known address.	
If signing on behalf of a	d and the office discontinued on the 31st day of Tik Treatlein Signature of Resigning Agent		
it signing on ochan or a	·		
	Erik Treutlein	1	
	Typed or Printed Name Vice President on behalf of United States Corporation	Accepte to	
	Capacity	Agents, Inc. SSTEE FILE Agents Inc.	
	\$ 85.00 Active limited liability \$ 25.00 Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolved/ ility company	

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