124000338118

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(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations	
CRAFTS & MORE LLC SUBJECT:	
Name of Limited Liability (Company
DOCUMENT NUMBER: L24000338118	
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	e following:
TRAVIS CRABTREE	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 GREENWAY PLAZA #1320	
Address	
HOUSTON, TX 77046	
City/State and Zip Code	
amycampbell1960@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LEGALCORP SOLUTIONS, LLC 888	534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	undersigned.		
LEGALCORP SOLUTIO	ONS, LLC	, hereby resigns as		
	Name of Registered Agent			
Registered Agent for	RAFTS & MORE LLC	<u> </u>		
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·		
L24000338118				
Document N	lumber, if known	202		
	ion was mailed to the above listed limited liab	vafter the date on which this statement is filed.		
	Signature of Resigning A			
If signing on behalf of	an entity:	· · · · · · · · · · · · · · · · · · ·		
	TRAVIS CRABTREE			
	Typed or Printed Name			
	MEMBER			
	Capacity			

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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Pursuant to the provisions of se	ection 605.0115	5, Florida Statutes, the un	idersigned,			
LEGALCORP SOLUTIONS, LLC			, hereby resigns as			
Name of Registered Agent			, nereby resign	, hereby resigns as		
Registered Agent for CRAFTS	& MORE LLC			· 		
	Name of Limi	ited Liability Company				
L24000338118						
Document Number, if	known					
A copy of this resignation was	mailed to the a	bove listed limited liabili	ity company at its	last known:	address.	
The agency is terminated and the	he office discor	ntinued on the 31st day a	fter the date on w	hich this stat	tement is filed.	
		Signature of Resigning Ages	nt			
If signing on behalf of an entity	<i>r</i> :					
TRAV	'IS CRABTREE	Ė				
	-	sped or Printed Name			2 ;	
MEM	BER 	_ 		·		
		Capacity		· -	-	
				,	, C	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lia	company lived/voluntarily bility company	dissolved/	5	

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Tallahassee, FL 32314