L24000400270

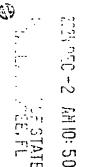
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COVER LETTER

Registration Section Division of Corporations SUBJECT: LUNILU LLC Name of Limited Liability Company DOCUMENT NUMBER: L24000400270 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company liability company. MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statute	es, the undersigned,
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as
		Hereby resigns as
Registered Agent for _	UNILU LLC	
		,
	Name of Limited Liability Comp	any
L24000400270		
Document N	łumber, if known	
A copy of this resignat	ion was mailed to the above listed limit	ed liability company at its last known address.
The agency is terminat	ed and the office discontinued on the 3	1st day after the date on which this statement is filed.
	Truth	
	Signature of Resig	ining Agent
If signing on behalf of	an entity:	
	Erik Treutlein	
	Typed or Printed Nam	ıe
	Vice President on behalf of United States C	Corporation Agents, Inc.
	Capacity	
		er
	\$ 25.00 Administrative withdrawn lin	liability company ely dissolved/ voluntarily dissolved/ nited liability company artment of State and mail to: forations
	Make checks payable to Florida Dep Division of Corp P.O. Box 6.	

Tallahassee, FL 32314