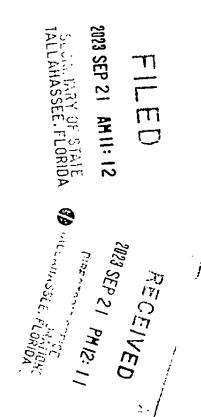
# MI1000000 2254

(	Requestor's Name)	
	Address)	
·	, , , , , , , , , , , , , , , , , , , ,	
(.	Address)	,
	City/State/Zip/Phone #)	
`		
PICK-UP	MAIT	MAIL
	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	Filing Officer:	
<del></del>		





000415813230



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 988419 8323810							
AUTHORIZATION: CAME! Serial							
COST LIMIT : \$ (85-00 25.00							
ORDER DATE : September 14, 2023							
ORDER TIME : 9:58 AM							
ORDER NO. : 988419-025							
CUSTOMER NO: 8323810							
CHANGE OF AGENT							
NAME: LORD & TAYLOR LLC							
NAME: LORD & TAYLOR LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
AA FIAIN STANFED COFT							
CONTACT PERSON: Eyliena Baker EXT#							
EXAMINER:							

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Lord & Taylor LLC		
Name of	Limited Liability	Company
DOCUMENT NUMBER: M11000002254		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	I Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	ne following:
RESIGNATIONS DEPARTMENT		
Name of Person		
CORPORATION SERVICE COMPANY		
Name of Firm/Company	<del></del>	
251 LITTLE FALLS DRIVE		
Address		
WILMINGTON, DE 19808		
City/State and Zip Code	<u> </u>	
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matt	ter, please call:	
RESIGNATION DEPT	800 at (	927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5, Florida Statutes, the und	ersigned.			
CORPORATION SERV	ICE COMPANY		_ , hereby resigns as	3		
	Name of Registered Age	nt		,		
Registered Agent for _	ord & Taylor LLC	<del>_</del> ,				_
	Name of Lin	nited Liability Company				<del>-</del> ·
M11000002254						
Document N	lumber, if known		-			
A copy of this resignati	ion was mailed to the a	above listed limited liability	y company at its last	known a	iddress	•
If signing on behalf of	Eyl	Assistant Vice President Signature of Resigning Agent				
it signing on benait of	•					
	BY EYLIENA BAKI					
	T VICE PRESIDENT	yped or Printed Name		TAL SE	202	
	FILING \$ 85.00	FEES: Active limited liability of Administratively dissolvent	company	LAHASSEE, FLOR	2023 SEP 21 AM 11: 12	FILED

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