P150000150690

| (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: |
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U5/15/22--01038--008 **35.00





COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|-----------|
| SUBJECT: Crafts Imagination, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: P15000050690 | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing | 3. |
| 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) | |
| For further information concerning this matter, please call: | |
| _{at (} 800 ₎ 773-0888 | |
| (Name of Person) at (Area Code & Daytime Telephone Number) | |
| | |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| | ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned. | United States Corporation Agents, Inc. |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agen | Crafts Imagination, Inc. |
| | (Name of Corporation) |
| P15000050690 | |
| (Document Number, if known) | |
| A copy of this resignation was ma | iled to the above listed corporation at its last known address. |
| The agency is terminated and the orthis statement is filed. | office discontinued on the 31st day after the date on which |
| | CUU |
| | (Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Cheyenne | Moseley |
| | (Typed or Printed Name) |
| Asst. Secretary | for United States Corporation Agents, Inc. |
| | (Capacity) |
| | |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

