P160000045171

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| , , , , |
| (City/State/Zip/Phone #) |
| (Orty/State/Zipir Hone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY SEE STATE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: LIQUID CAFE ASSETS, Inc. |
| (Name of Corporation) DOCUMENT NUMBER: P16000045171 |
| The enclosed Resignation of Registered Agent for a Corporation 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) |
| For further information concerning this matter, please call: |
| (Name of Person) at (800) 773-0888 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 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 Agent for LIQUID CAFE ASSETS, Inc. | |
| (Name of Corporation) | |
| P16000045171 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known address. | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. | |
| | |
| (Signature of Resigning Agent). | |
| If signing on behalf of an entity: | in the second |
| 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