# P21000041207

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		J. HORNE FEB 17 2023





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#### **COVER LETTER**

	Toyl oko Inc			
SUBJECT	ToyLoko Inc			
		(Name	of Corpo	ration)
OOCUME	NT NUMBER: P21000041207			
The enclos	sed Resignation of Registered	Agent fo	or a Corp	oration and fee are submitted for filing
Please retu	rn all correspondence concert	ning this	matter to	o the following:
MARIAII E	STERS-RIMMER			
<del></del>	(Name of Person)			<del></del>
LEGALCO	RP SOLUTIONS, LLC			
	(Name of Firm/Compar	ıy)		<del></del>
3 Greenway	Płaza Ste 1320			
	(Address)			<del></del>
Houston, T2	77046			
	(City/State and Zip Cod	e)		<u> </u>
For furthe	information concerning this i	natter, p	lease cal	l:
MARIAH F	STERS-RIMMER	at (	888	534-3018 ) ode & Daytime Telephone Number)
	(Name of Person)	ar (	(Area Co	ode & Daytime Telephone Number)

#### **Mailing Address:**

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

#### **Street Address:**

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

		II. [1]	~~
Pursuant to the provisions of s	sections 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,	28
Florida Statutes, the undersign	LEGALCORP SOLUTIONS, LLC	#:-<	T=2
Tromai Statutes, the undersign	(Name of Registered Agent)		-
hereby resigns as Registered A		;	11:2
	(Name of Corporation)	•	
P21000041207			
(Document Number, if know	wn)		
Λ copy of this resignation was	mailed to the above listed corporation at its last l	cnown addi	ress.
The agency is terminated and this statement is filed.	the office discontinued on the 31st day after the d	ate on whic	:h
	(Signature of Resigning Agent)	<del></del>	
If signing on behalf of an entit	у:		
Travis Crabtree	2		
	(Typed or Printed Name)	_	
Member			
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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