# KZZ000493543

(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:			

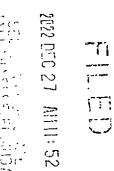




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A. RIVERS MAR - 8 2023

#### **COVER LETTER**

 Division of Corporations SUBJECT: Guiding Light Life Coach LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000493543 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Registration Section

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

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the undersi	gned,
United States Corpo	nereby resigns as	
	Name of Registered Agent	
Registered Agent for G	uiding Light Life Coach LLC	
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company	,
L22000493543		
Document Nu	ımber, if known	
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after t	he date on which this statement is filed
•	Signature of Resigning Agent	2022 CEC
If signing on behalf of a	nn entity:	27
	Cheyenne Moseley	
	Typed or Printed Name	nts, Inc.
	Asst. Secretary for United States Corporation Age	nts, Inc. 
	Capacity	••

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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