113000/6/164

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
FALL APPASSEE STORING



COVER LETTER

TO: Re	egistration Section division of Corporations		
SUBJEC	T:		
	ivame	of Limited Liability	Company
DOCUM	IENT NUMBER: L13000161	164 	
The enclo for filing.	osed Resignation of Registered <i>i</i>	Agent for a Limited	Liability Company and fee are submitte
Please ret	turn all correspondence concern	ing this matter to th	e following:
United S	States Corporation Agents, In	C.	
<u></u>	Name of Person		
Legalzo	om.com, Inc.		
	Name of Firm/Company		
101 Nort	th Brand Blvd. 11th Floor		
	Address		
Glendale	e, CA 91203		
	City/State and Zip Code		
raresign	ations@legalzoom.com		
E-mai	il address: (to be used for future annua	l report notification)	
For furthe	er information concerning this n	natter, please call:	
Janna P	Pantoja	800	773-0888 x3950 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327

MAILING ADDRESS:

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	is of section 605.0115, Florida Statutes, the un	idersigned.	
United States Corpo	, hereby resigns as		
	Name of Registered Agent	Tiereby resigns as	
Registered Agent for $\frac{D_0}{D_0}$	efind Apparel LLC		
	Name of Limited Liability Company	·	
L13000161164			
Document Nu	mber, if known		
-	on was mailed to the above listed limited liabili		
The agency is terminated	d and the office discontinued on the 31st day a	20 JJ SEURI FALI AR	
If signing on behalf of a	n entity:	A 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Cheyenne Moseley	Mark of In-	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	Agents, Inc.	
	Capacity	02 • • • • • • • • • • • • • • • • • • •	

Make checks payable to Florida Department of State and mail to: Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314