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COVER LETTER

SUBJECT: Chow'n Down The Que,	ne of Limited Liability	Company
DOCUMENT NUMBER: L1600008		
The enclosed Resignation of Registered for filing.	d Agent for a Limited	Liability Company and fee are submitte
Please return all correspondence conce	rning this matter to th	ne following:
United States Corporation Agents,	Inc.	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Compa	ny	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Co	de	
raresignations@legalzoom.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this	matter, please call:	
Jazmine Johnson	.n. (800	773-0888 x5122)
Name of Person	Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: 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, F1, 32301

1 ...

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the unc	dersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for Chow'n Down The Que, LLC	
Name of Limited Liability Company	,
L16000089424	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabili	ty company at its last known address.
The agency is terminated and the office discontinued on the 31st day at	fter the date on which this statement is filed.
Signature of Resigning Agen	ut
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United States Corporation	Agents, Inc.
Capacity	
FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	lved/voluntarily dissolved

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

INHS17 (2/14)