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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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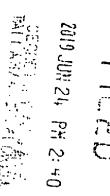


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COVER LETTER

Registration Section Division of Corporations

TO:

Fairengetti, LLC			
SUBJECT:	Name of Limited Liability	Company	
DOCUMENT NUMBER: L16000	098051		
The enclosed Resignation of Registe for filing.	red Agent for a Limited	Liability Company and fee are submitted	
Please return all correspondence con	cerning this matter to th	ne following:	
United States Corporation Agent	s, Inc.		
Name of Person	n		
Legalzoom.com, Inc.			
Name of Firm/Com	pany		
9900 Spectrum Dr.			
Address	· · · · · · · · · · · · · · · · · · ·	•	
Austin, TX 78717			
City/State and Zip (Code		
E-mail address: (to be used for future a	annual report notification)		
For further information concerning the	his matter, please call:		
Janna Pantoja	1 800	्773-0888 x3950	
Name of Person	at (at Code	Daytime Telephone Number	
Enclosed is a check made payable to liability company or \$25.00 for an acliability company.	the Florida Departmen Iministratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREI	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unders	igned.	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company		
L16000098051			
Document N	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known add	dress.
The agency is terminat	ed and the office discontinued on the 31st day after to Signature of Resigning Agent	GETT STATE OF THE	egolio JUN 24
If signing on behalf of	an entity:		PR I
	Cheyenne Moseley	二 二 三 第 第 :	$\frac{1}{2}$
	Typed or Printed Name		ري 2: ح
	Asst. Secretary for United States Corporation Age	nts, Inc.	_
	Capacity		

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

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