# 120000096725

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L20000096725	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sufor filing.	bmitted
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 at (800 773-0888  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	ons of section 605.0115. Florida Statutes, the unde	rsigned,	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company		ı
L20000096725			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statement is	filed
	Signature of Resigning Agent	7021	
If signing on behalf of an entity:		70L	17-8
	Cheyenne Moseley	2 6	دارد ندر والتراويس
	Typed or Printed Name		134
	Asst. Secretary for United States Corporation Age	ents, Inc.	The grant
	Capacity	37.2	' MTI'

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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