L21000170850

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COVER LETTER

Registration Section Division of Corporations SUBJECT: Solace Youth LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000170850 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15, Florida Statutes, the unde	rsigned,				
United States Corporation Agents, Inc.		, hereby resigns	ac				
Name of Registered Agent			, hereby resigns	resigns as			
Registered Agent for	Solace Youth LLC					_	
	Name of Li	mited Liability Company				_•	
	Name of Li	inned Claomiy Company					
L21000170850							
Document N	umber, if known						
A copy of this resignati	on was mailed to the	above listed limited liability	company at its la	ast known a	ddress.		
The agency is terminate	ed and the office disc	ontinued on the 31st day after	r the date on whi	ch this state	ement i	s filed.	
		Tik Treedlein					
		Signature of Resigning Agent					
If signing on behalf of a	an entity:						
	Erik Treutlein						
		Typed or Printed Name			~		
	Vice President for U	United States Corporation Age	ents, Inc.	ÄLL	024		
		Capacity		LAHAS	2024 JUN 20	71	
				ASS	20	Γ-	
	FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily di	m _C	AH 11: 31		

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