

P13000013864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

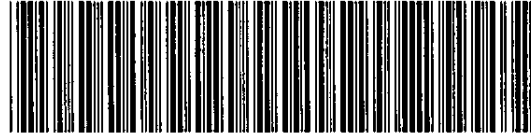
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL - 7 PM 3:25

JUL 10 2015

T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE SAFE CIG INC
(Name of Corporation)

DOCUMENT NUMBER: P13000013864

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORDAN TYLER

(Name of Person)

USA-RA LLC

(Name of Firm/Company)

1623 CENTRAL AVE, SUITE 145

(Address)

CHEYENNE, WY 82001

(City/State and Zip Code)

For further information concerning this matter, please call:

JORDAN TYLER

(Name of Person)

at (**970**) **581-6156**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -7 PM 3:25

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, USA-RA LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for THE SAFE CIG INC

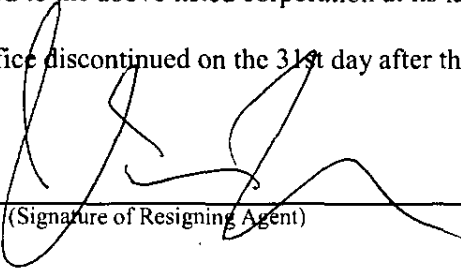
(Name of Corporation)

P13000013864

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

JORDAN TYLER

(Typed or Printed Name)

AUTHORIZED REPRESENTATIVE

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314