1080000 80371

(Re	questor's Name)	
(Address)		
(Ad	dress)	_
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

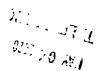
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COVER LETTER

TO: Registration Section Division of Corporations
WMJ Compliance Assistance Services, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L08000080371
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
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
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:
Janna Pantoja at (800) 773-0888 x3950 Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	s of section 605.0115. Florida Statutes, t	the undersigned.
United States Corpo	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	 , -
Registered Agent for W	MJ Compliance Assistance Servi	ices, LLC
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L08000080371		
Document Nu	mber, it known	
A copy of this resignatio	n was mailed to the above listed limited	liability company at its last known address.
The agency is terminated	I and the office discontinued on the 31st	day after the date on which this statement is filed
	Signature of Resignin	ng Agent
If signing on behalf of a	r entity:	
	Cheyenne Moseley	200 (a
	Typed or Printed Name	pration Agents, Inc.
	Asst. Secretary for United States Corpo	oration Agents, Inc.
	Capacity	pration Agents, Inc.
	\$ 25.00 Administratively	iability company y dissolved/ voluntarily dissolved/ ted liability company

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