L10000055184

(Re	equestor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

D. BRUCE NOV 22 2016

COVER LETTER

Registration Section Division of Corporations

TO:

Landing Book III O			
SUBJECT: Looking Back, LLC		Comment	
	of Limited Liability	Company	
DOCUMENT NUMBER: L100000551	04		
The enclosed Resignation of Registered A for filing.	agent for a Limited	l Liability Company a	and fee are submitted
Please return all correspondence concerni	ng this matter to tl	ne following:	
Anne Herstol			
Name of Person		-	
Prince CPA Group			
Name of Firm/Company		-	
9161 Narcoossee Road Ste 202			
Address		-	
Orlando, FL 32827			
City/State and Zip Code		=	T
aherstol@princecpagroup.com			SECK T
E-mail address: (to be used for future annual	report notification)	-	
For further information concerning this m	atter, please call:		DV 21 F
Anne Herstol	407 at (823-8230 Daytime Telephone	SECRETARY OF SIATE ALLAHASSEE. FLOBIDA
Name of Person	Area Code	Daytime Telephone	Number
Enclosed is a check made payable to the I liability company or \$25.00 for an adminiliability company.	Florida Departmen stratively dissolve	t of State for \$85.00 d, voluntarily dissolv	*****
MAILING ADDRESS:	STRE	ET ADDRESS:	
Registration Section	_	gistration Section	
Division of Corporations	Division of Corporations Clifton Building		
P.O. Box 6327		Building	ما

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the un	ndersigned,	
Keith Buescher	, hereby resigns as	
Name of Registered Agent		
Registered Agent for Looking Back, LLC		
Name of Limited Liability Company	,	
L10000055184		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabili	ity company at its last known address.	
The agency is terminated and the office discontinued on the 31st day a	after the date on which this statement is file	ed.
Keith Bucker Signature of Resigning Ager	nt	
If signing on behalf of an entity: Keith Bussher Typed or Printed Name	2016 NOV 2	
Typed or Printed Name Capacity	21 P SSEE F	ED
FILING FEES:	y company olved/ voluntarily dissolved/	U

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