# L1000 009 7509

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## COVER LETTER

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	SUBJECT: Service To You, LLC Name of Limited Liability	Company
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	DOCUMENT NUMBER: L10000097509	
United States Corporation Agents, Inc.  Name of Person  Legalzoom.com, Inc.  Name of Firm/Company  9900 Spectrum Dr.  Address  Austin, TX 78717	The enclosed Resignation of Registered Agent for a Limited	Liability Company and fee are submitted
Name of Person  Legalzoom.com, Inc.  Name of Firm/Company  9900 Spectrum Dr.  Address  Austin, TX 78717	Please return all correspondence concerning this matter to th	e following:
Legalzoom.com, Inc.  Name of Firm/Company  9900 Spectrum Dr.  Address  Austin, TX 78717	United States Corporation Agents, Inc.	
9900 Spectrum Dr.  Address  Austin, TX 78717	Name of Person	
9900 Spectrum Dr. Address Austin, TX 78717	Legalzoom.com, Inc.	
Address Austin, TX 78717	Name of Firm/Company	
Austin, TX 78717	9900 Spectrum Dr.	
	Address	
City/State and Zin Code	Austin, TX 78717	
Chyristic and sup cose	City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	For further information concerning this matter, please call:	
Janna Pantoja at (1 800 ) 773-0888 x3950  Name of Person Area Code Daytime Telephone Number	Janna Pantoja 1 800	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisio	ms of section 605.0115. Florida Statutes, the ui	idersigned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for S	ervice To You, LLC	
	Name of Limited Liability Company	
L10000097509		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day a	ifter the date on which this statement is filed
	Signature of Resigning Ager	19 t
If signing on behalf of a	in entity:	
	Cheyenne Moseley	****
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	

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