## L10 000125492

(Re	equestor's Name)	
(Ac	ddress)	
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	ty/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(Dc	ocument Number)	
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Certified Copies	Cortificates of	Status
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Special Instructions to	Filing Officer:	
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Ra Resignation

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## **COVER LETTER**

Division of Corporations	
SUBJECT:	_
Name of Limited Liability Company	-
DOCUMENT NUMBER: L10000125492	<del>-</del>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee at for filing.	re submitted
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	//`∵ 20 0
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 773-0888	20 30 30 30 30 30 30 30 30 30 30 30 30 30
Name of Person at (800 773-0888  Area Code Daytime Telephone Number	0) STATE AM 9: 28
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an act liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or wit liability company.	ive limited hdrawn limited

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 provisions of section 605.0	115. Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
Name of I	imited Liability Company		
L10000125492			
Document Number, if known			
A copy of this resignation was mailed to the The agency is terminated and the office dis			
If signing on behalf of an entity:			
Cheyenne Mos	seley	Ŋ	, « <u>.</u>
	Typed or Printed Name	20 nts. Inc.	3 3 <sup>2</sup>
Asst. Secretary for	United States Corporation Ager	nts, Inc.	; ; ;
	Capacity		1 5.25
FILING \$ 85.00 \$ 25.00	G FEES:  Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dissolved/	STAI ORATI

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