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COVER LETTER

DOCUMENT NUMBER: L12000081979 The enclosed Resignation of Registered Agent for a Limited Liab for filing. Please return all correspondence concerning this matter to the fol United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company	
Please return all correspondence concerning this matter to the fol United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc.	
United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc.	owing:
Name of Person Legalzoom.com, Inc.	
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:	
Kasandra Lund 800 773-	0888 x3951
$\frac{\text{Kasandra Lund}}{\text{Name of Person}} = \frac{800}{\text{Area Code}} \frac{773}{\text{Days}}$	ime Telephone Number

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	ns of section 605.0115. Florida Statutes, the unders	signed.
	oration Agents, Inc.	
Name of Registered Agent		hereby resigns as
Registered Agent for	uality Touch Enterprises LLC	
	Name of Limited Liability Company	
L12000081979		
Document Nu	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability ec	ompany at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after t	he date on which this statement is filed.
H signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	its Inc
	Asst. Secretary for United States Corporation Agen	its, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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