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(Re	questor's Name)			
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(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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O SIMMONS

JAN 13 2020

COVER LETTER

SUBJECT:__ Name of Limited Liability Company DOCUMENT NUMBER: L12000107984 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: at (1 800 Area Code) 773-0888 x3951

Daytime Telephone Number Kasandra Lund Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersigned.		38	9	
United States Corp	poration Agents, Inc, hereby n	esigns as	CRE	019 DEC	77
	Name of Registered Agent		A	(-	A STANCES
Registered Agent for	letBack Solutions, LLC		NAST OF STREET	9	
_			333 34. S	PH 6:	
	Name of Limited Liability Company		FL	د ب	
L12000107984			1		
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liability company	at its last	known ad	dress.	
The agency is terminate	ed and the office discontinued on the 31st day after the date	on which	this stater	nent is	filed.
	Signature of Resigning Agent	-			
If signing on behalf of a	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name	-			
	Asst. Secretary for United States Corporation Agents, Inc.				
	Canacity	-			

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