JUN/27/2018/WED 08:	32 AM	FAX No.	F. 001		
Division of Cor	1200 Provide Dep	partment of State of Corporations	Page 1 of 2		
r		Filing Cover Sheet			
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.				
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	To: Division of Co Fax Number	prporations : (850)617-6383	о <u>;</u> 		
	From: Account Name Account Number Phone Fax Number	: INCORP SERVICES : 120120000007 : (702)866-2500 : (702)866-2689	INC		
81	r the email address for thi nnual report mailings. Ente	er only one email ad	dress please.**		
6 6	mail Address: NENDY /	HSFILLE INCOR	22, Com		
RECEIVED BUNZT ANTE 02	LLC REGISTEREI YOUR	D AGENT RESIGNA GROUP LLC	ATION		
RECE 2018 JUN 27	Certificate of Status Certified Copy	0			
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Electronic Filing Menu

Corporate Filing Menu



FAX No.

COVER LETTER

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TO: Registration Section Division of Corporations

YOUR GROUP LLC SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER: L12000154478

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:

Wendy Hefley

Name of Person

Incorp Services, Inc.

Name of Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address Las Vegas, NV 89169-6014 City/State and Zip Code processing@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Incorp Services, Inc./Wendy Hefley 702 866-2500 ext 6904

Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

JUN/27/2018/WED 08:33 AM

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FAX No.

P. 003

4180001901873

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.011	5, Florida Statutes, the un	idersigned,		
Incorp Services, Inc.			, hereby resigns as		
· ·	Name of Registered Ager	nt			
Registered Agent for				<u> </u>	
YOUR GROUP LLC	2				
	Name of Lin	ited Liability Company		,	
L12000154478					
Document Nu	mber, if known		r	· · · ·	
			ity company at its last knowi fter the date on which this st		
If signing on behalf of a	<u>Jav</u>	Shanature of Resigning Ages		1 / 6 Iu	
a signing on control a	-	or Incorp Services, In	IC.		
		yped or Printed Name			
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	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lia	/ company lived/ voluntarily dissolved. bility company	1	
	Make checks payal	ble to Florida Department Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			

INHS17 (2/14)