U1300047174

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Sassakala LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L13000047176		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are s	submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	,	
9900 Spectrum Dr.		<u>. </u>
Address		· •
Austin, TX 78717		;
City/State and Zip Code		•
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)		91
For further information concerning this matter, please call:		
800 at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115. Florida Statutes, the under	signed,
United States Corporation Agents, Inc hereby re		hardy racime us
		nereby resigns as
Registered Agent for	Sassakala LLC	
	Name of Limited Liability Company	 ·
L13000047176		
Documen	t Number, if known	
A copy of this resign	ation was mailed to the above listed limited liability c	ompany at its last known address.
The agency is termin	ated and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	· - 1
If signing on behalf o	of an entity:	
Cheyenne Moseley		â
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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