1130000 49553

(Requestor's Name)
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C.FARTHERT OF STATE VISION OF CORPORATION VILLANASSEE, FLARING

MAR 1 7 2020 S. YOUNG

COVER LETTER

Name of Limited Liability	y Company
DOCUMENT NUMBER: L13000049553	·
The enclosed Resignation of Registered Agent for a Limits submitted for filing.	ed Liability Company and fee are
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	
t of turner information concerning this matter, piease can	
Kasandra Lund at (1800) 773-0888 x 3951
Name of Person Area Cod	e Daytime Telephone Number

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

Clifton Building

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the u	ndersigned.
United States Corp	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for_	DESTINY PATH LLC	
	Name of Limited Liability Company	·
L13000049553		
Document N	Sumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liabi	lity company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which this statement is filed.
	Signature of Resigning Agen	200
If signing on behalf of	an entity:	
	Cheyenne Moseley	# # # # # # # # # # # # # # # # # # #
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	laaaka 1aa -
	Capacity	Agents, Inc.

FILING FEES:

\$ 85.00 Active fimited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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