113000052747

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COVER LETTER

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L13000052747	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
800	⁷⁷³⁻⁰⁸⁸⁸
Name of Person at (at 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 provision	ons of section 605.01	15, Florida Statutes, the under	signed.		
United States Corporation Agents, Inc.		haraha majara ma			
	Name of Registered Ag	ent	hereby resigns as		
Registered Agent for S	TAUFFER ACQL	JISITIONS LLC			
	Name of Li	mited Liability Company			<u> </u>
L13000052747					
Document N	umber, if known				
A copy of this resignation	on was mailed to the	above listed limited liability c	ompany at its last kn	own addr	ress.
		ontinued on the 31st day after			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:	Signature of Resigning Agent			
- rongilling on bental of a	Cheyenne Mos	عامد			
		Typed or Printed Name	-	2 5	90.)
		United States Corporation Age	nts, Inc.	-	<u>-</u> -5
		Capacity			700 LEST -
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissolv / company	:: /ed/ [7]	64 (21 P.4

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