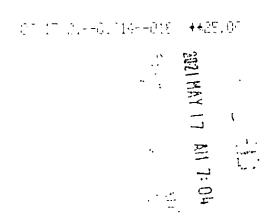
L13000091902

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Furnurtur, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L13000091902	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.	ted
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 () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the unders	igned.	9~2
United States Corporation Agents, Inc.		, hereby resigns as	2821 HAY 1
	Name of Registered Agent	reces rearging as	H.
Registered Agent for	Furnurtur, LLC		
			<u> </u>
	Name of Limited Liability Company		7: 01
L13000091902			£
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last knov	vn address.
The agency is termina	ated and the office discontinued on the 31st day after t	he date on which this:	statement is filed.
	Signature of Resigning Agent		
If signing on behalf o	f an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity	_ _	

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