(Requestor's Name)		
(Address)		
(Address)		
(1.02.050)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Boodinent Northberry		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
-		

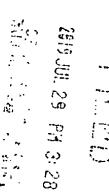


Office Use Only



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SULKER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

	e of Limited Liability Company
DOCUMENT NUMBER: L130000956	683 ————————————————————————————————————
The enclosed Resignation of Registered a for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	aing this matter to the following:
United States Corporation Agents, In	ıc.
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	<del></del>
Austin, TX 78717	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annua	al report notification)
For further information concerning this n	natter, please call;
Kasandra Lund	at ( 1 800 ) 773-0888 x3951   Area Code   Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the	Area Code Daytime Telephone Number Florida Department of State for \$85.00 for an active limited aistratively dissolved, voluntarily dissolved or withdrawn lin

STREET ADDRESS:

Division of Corporations

Tallahassee, Fl. 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605,0115. Florida Statutes, the unc	lersigned.	
United States Corporation Agents, Inc.		_ , hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Cepheus Entertainment LLC		
	Name of Limited Liability Company		
L13000095683			
Document N	imber, il'known		
A copy of this resignati	ion was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day af  Signature of Resigning Agent		
If signing on behalf of an entity:			
Cheyenne Moseley			
	Typed or Printed Name	Agents Inc	
	Asst. Secretary for United States Corporation A	Agents, 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