# L14000028230

(Re	equestor's Name)			
(A	ddress)			
(Ad	ddress)			
(C	ity/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name	)		
(Document Number)				
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



500343410865

04/20/20--01031--010 \*\*25.00

SECRETARY BE COME AND

CH S-1-20

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:  Name of Limited Liability Company
SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: L14000028230
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
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:
Janna Pantoja at (800 ) 773-0888 x3950  Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
TO THE ADDRESS OF THE PROPERTY ADDRESS.

#### 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 provision	ns of section 605.0115, Florida Statute	s, the undersigned.	
United States Corporation Agents, Inc.		, hereby resigns as	
_	Name of Registered Agent		
Registered Agent for $\frac{S}{S}$	ky shots photography LLC		
<del> </del>	Name of Limited Liability Compa	any	
L14000028230			
Document N	umber, if known		
• •	on was mailed to the above listed limited and the office discontinued on the 3		
The agency is terminate	Signature of Resignature		2020 APR 20
If signing on behalf of	an entity:		APR
	Cheyenne Moseley		5 AR 20
	Typed or Printed Nan	ne	
	Asst. Secretary for United States Cor	poration Agents, Inc.	
	Capacity		5: 03

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

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company