L14000047698

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	o #1
(ON)	Otator Zipir Hori	<i>,</i>
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COVER LETTER

TO:	Registration Section Division of Corporations	* :	* *:	
SUBJ	ECT: Name of Limited Liability			
,	Name of Limited Liability	Company		
DOC	UMENT NUMBER: L14000047698			
The elfor fil	nclosed Resignation of Registered Agent for a Limited ing.	Liability Co	impany and fee are:	submitted
Please	return all correspondence concerning this matter to the	ne following:		
Unite	ed States Corporation Agents, Inc.			
	Name of Person			
Lega	IZoom.com, Inc.			
	Name of Firm/Company	-		
101	North Brand Blvd. 11th Floor			
	Address	•		
Glen	dale, CA 91203			
	City/State and Zip Code	-		
rares	ignations@legalzoom.com			
E	-mail address: (to be used for future annual report notification)			
For fu	orther information concerning this matter, please call:			
Joyce	e Yi 800 Name of Person at (Area Code	773-0888	x7789	
	Name of Person Area Code	Daytime Te	lephone Number	
Iiabili	sed is a check made payable to the Florida Departmen ty company or \$25.00 for an administratively dissolve ty company.	t of State for d. voluntarily	\$85,00 for an active dissolved or withd	rawn limited

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	is of section 605.011	5. Florida Statutes, the und	ersigned.	
United States Corpo	oration Agents, In	ic.	, hereby resigns as	
	Name of Registered Age		Trinered territoria	
Registered Agent for LE	ESLIE E OWEN,	AGENT. LLC		
	Name of Lim	ited Liability Company		 ,
L14000047698		. , ,		
	mber, if known			
-		·	y company at its last known ad er the date on which this stater	
If signing on behalf of ar	rentity:			
	Cheyenne Mose	eley		
	,1,	yped or Printed Name		
	Asst. Secretary for U	Jnited States Corporation A	gents, Inc.	7,07
		Capacity		7°78 OC F 22
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved withdrawn limited liabi	company yed/ voluntarily dissolved/ lity company	M 9: 45

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