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COVER LETTER

Division of Corporations
UBJECT:
Name of Limited Liability Company
OCUMENT NUMBER: L14000049245
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted or filing.
lease return all correspondence concerning this matter to the following:
Jnited States Corporation Agents, Inc.
Name of Person
egałzoom.com, Inc.
Name of Firm/Company
01 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
aresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
or 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provisi	ons of section 605.0115, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc. hereby		horaha majaur ar	ugione as	
		, hereby resigns as		
Registered Agent for L	Life Changing Endeavor, LLC		_	
<u> </u>	Name of Limited Liability Company		 ·	
L14000049245				
Document N	lumber, if known			
	ion was mailed to the above listed limited liability c			
	ed and the office discontinued on the 31st day after	the date on which this statement 77.1 PARY 24	is filed.	
If signing on behalf of an entity:				
Cheyenne Moseley		PH 12: 11		
	Typed or Printed Name	—— <u> </u>		
	Asst. Secretary for United States Corporation Age	nts, Inc. 音: 👤		
	Capacity	 >		

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

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