L14000068075

•
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SURLY ANVIL LLC				
Name of Lim	nited Liability	Company		
DOCUMENT NUMBER: L14000068075				
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning this	s matter to th	e 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:			
Joyce Yi	, 800	773-0888 x7789		
Name of Person	Area Code	773-0888 x7789 Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	i Department rely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	-	ration Section		
Division of Corporations P.O. Box 6327		n of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Flo	rida Statutes, the undersigned,		
Cheyenne Moseley	/	, hereby r	esions as	
	Name of Registered Agent	Hereby 1	and the same	
Registered Agent for _	URLY ANVIL LLC			
	Name of Limited Li	ability Company		
L14000068075				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above	listed limited liability company	nt its last known address.	
The agency is terminate	d and the office discontinue	ed on the 31st day after the date	on which this statement is f	iled.
	Signi	Muture of Resigning Agent		
If signing on behalf of a	in entity:			
	Cheyenne Moseley		2020 SEP 28	
	Typed or	Printed Name	SE SE	
	Asst. Secretary for United	States Corporation Agents, Inc.	869 P 2	
	Cap	pacity		111
	FILING FEES \$ 85.00 Act \$ 25.00 Add wit	S: ive limited liability company ninistratively dissolved/ volunt hdrawn limited liability compa	arily dissolved/	

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