L14000116553

(Requestor's Name)				
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(Address)				
(City	/State/Zip/Phone #	f)		
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PICK-UP	☐ WAIT	MAIL		
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(Business Entity Name)				
(Doc	ument Number)	· <u>- · · · · · · · · · · · · · · · · · ·</u>		
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Certified Copies	Certificates o	f Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ClubRaters, LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L14000116553	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.	ted
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:	
Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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, Floric	la Statutes, the under	rsigned.
United States Cor	poration Agents, Inc.		, hereby resigns as
	Name of Registered Agent	·	, hereby resigns as
Registered Agent for _	ClubRaters, LLC		
	Name of Limited Liab	ility Company	·
L14000116553			
Document ?	Number, if known		
A copy of this resignat	ion was mailed to the above lis	sted limited liability o	company at its last known address.
The agency is terminat	ed and the office discontinued	on the 31st day after	the date on which this statement is filed.
	Signatu	re of Resigning Agent	
If signing on behalf of	an entity:		
Cheyenne Moseley			
	Typed or P	rinted Name	
	Asst. Secretary for United S	tates Corporation Age	ents, Inc.
	Сарас	ity	729 KI

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

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withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00