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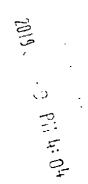
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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I ALBRITTON

COVER LETTER

SUBJECT:		
Name of Limi	ted Liability	Company
DOCUMENT NUMBER: L14000127727		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	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	•	
E-mail address: (to be used for future annual report n	notification)	
For further information concerning this matter, p	lease call:	
Kasandra	1 800	773-0888 x3951 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department dy dissolved	of State for \$85.00 for an active limited L voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREE	T ADDRESS:
Registration Section	Registration Section	

Division of Corporations Clitton Building 2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisi	ions of section 605.0115. Florida Statutes, the	: undersigned.	
United States Corporation Agents, Inc.		, hereby resigns as	=
	Name of Registered Agent	Cherry resigns to	4/07
Registered Agent for	MobileApplication, LLC		-
			<u>ن</u>
	Same of Limited Liability Company		
L14000127727			i. Dr.
Document 2	Number, if known		
A copy of this resignat	tion was mailed to the above listed limited lia	bility company at its last kn	own address.
The agency is terminal	ted and the office discontinued on the 31st da	y after the date on which th	is statement is filed.
	Aighature of Resigning A	Agent	
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporati	on Agents, Inc.	
	Capacity		

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

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314