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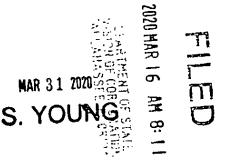
(Re	equestor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
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(Bu	siness Entity Nam	e)			
(Document Number)					
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COVER LETTER

Name of Limited Liabilit	y Company
OCUMENT NUMBER: L14000133519	
The enclosed Resignation of Registered Agent for a Limite or filing.	d Liability Company and fee are submitted
lease return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	_
egalzoom.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:	
Janna Pantoja at (800 Area Code	773-0888 x3950
	Daytime Telephone Number

Tallahassee, FL 32314

P.O. Box 6327

Registration Section

MAILING ADDRESS:

Division of Corporations

TO: Registration Section Division of Corporations

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 provis	ions of section 605.0115. Florida	a Statutes, the undersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		horoby rosio	hereby resigns as	
		Herety resig	. Hereby resigns as	
Registered Agent for	Sterling Ian LLC			
	Name of Limited Liabil	ity Company	·	
L14000133519				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above list	ed limited liability company at its	s last known address.	
	Signature	c of Resigning Agent		
lf signing on behalf o	an entity:		20	
	Cheyenne Moseley		2020 HAR	~~~
	Typed or Pri	inted Name	報告 第一	ختامتی منابعی
	Asst. Secretary for United Sta	ites Corporation Agents, Inc.	750mm 6	} ************************************
	Capacit	,	AM 8: 1 TOF STANK FELFLOWING	Ü
	<u>FILING FEES:</u> \$ 85.00 Active \$ 25.00 Admin	limited liability company istratively dissolved/ voluntarily	1, y 1 =	

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

withdrawn limited liability company