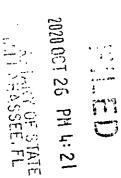
L14000144013

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
, , , ,	
(Document Number)	
Certified Copies Certificates of Status	_
Consist Is shown to prove As Fillian Office	\neg
Special Instructions to Filing Officer:	



10/26/20--01017--030 **25.00



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COVER LETTER

SUBJECT: Guys Don't Get It, LLC Name of Limited Lial	bility Company
DOCUMENT NUMBER: L14000148013	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
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	on)
For further information concerning this matter, please c	all:
Name of Person at (Area C	773-0888
Name of Person Area C	Code Daytime Telephone Number

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unders	signed.			
United States Corporation Agents, Inc.			hereby resigns as			
	, 5					
Registered Agent for G	uys Don't Get It, I	LC				
	Name of Lim	ited Liability Company			,	
L14000148013						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability c	ompany at its last kr	nown ad	dress.	
The agency is terminated the agency is terminated at the agency is agency is a superior agency is a		Signature of Resigning Agent	the date on which th	iis stater	nent is	tiled.
	Cheyenne Mose	elev				
		yped or Printed Name				
	Asst. Secretary for l	United States Corporation Age	nts, Inc.		2020	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	d/ vofuntarily dissol	LLANASSEE STATE	2020 OCT 26 PH 4:21	

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