## 14000175184

	(Requestor's Name)		
	(Address)	<u> </u>	
	(Address)		
	(City/State/Zip/Phone #)		
PICK-U	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Star	tus	
Special Instructions to Filing Officer:			





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D. SCOTT DEC 1 3 2018

## **COVER LETTER**

SUBJECT: Aurora Candle Company, t	LLC		
	of Limited Liability Company		
DOCUMENT NUMBER: L140001751		<del></del>	
The enclosed Resignation of Registered A for filing.	gent for a Limited Liability Company and	fee are submitted	
Please return all correspondence concernit	ng this matter to the following:		
United States Corporation Agents, Inc.	i.		
Name of Person	· · · · · · · · · · · · · · · · · · ·		
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.		5 roj	
Address			
Austin, TX 78717			
City/State and Zip Code		r·1	
		D 0: 50	
E-mail address: (to be used for future annual	report notification)	5	
For further information concerning this ma	uter, please call:	<b>, 0</b>	
Janna	1 800 773-0888 x3950		
Name of Person	at () Area Code Daytime Telephone Nur	nber	
Enclosed is a check made payable to the F liability company or \$25.00 for an administrability company.	lorida Department of State for \$85,00 for stratively dissolved, voluntarily dissolved	an active limited or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
The state of the s	Control Dunding		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersi	igned.
United States Co	rporation Agents, Inc.	hereby resigns as
Name of Registered Agent		, soloti i s
Registered Agent for	Aurora Candle Company, LLC	
	Name of Limited Liability Company	·
L14000175184		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.
The agency is termina	ated and the office discontinued on the 31st day after t	the date on which this statement is filed
	Signature of Resigning Agent	
If signing on behalf of an entity:		
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ager	nts, 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, FL 32314