L15000 627440

	(Requestor's Name)
	(Address)
· · · · · · · · · · · · · · · · · · ·	(Address)
	(City/State/Zip/Phone #)
. PICK-UI	P WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	

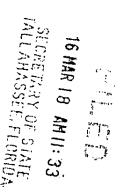
Office Use Only



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MAR 20 2016 J SHIVERS



COVER LETTER

Division of Corporations
SUBJECT: MOOME A MULTICO Name of Limited Liability Company DOCUMENT NUMBER: 4600027440
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angla Delgado Name of Person
ON ABOUATESINC. Name of Firm/Company
(ele5 BE 10th St. #201
Deward Beach R 33441 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angludica at 454 571-4090 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,
Manue wence , hereby resigns as
Name of Registered Agent
Registered Agent for SMOOMIEPlanet LCC
Name of Limited Liability Company
L15000027440
Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Signature of Resigning Agent
If signing on behalf of an entity:
Typed or Printed Name ART ART SSS SSS 8
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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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