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COVER LETTER

TO: Registration Section Division of Corporations	
The Woodsman Brand, LLC	
Name of Emilieu Glaoting	Company
DOCUMENT NUMBER: L15000123704	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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)	_
For further information concerning this matter, please call:	
Janna Pantoja 1 800	773-0888 x3950 Daytime Telephone Number
Name of Person Area 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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	15, Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc.		_ , hereby resigns as				
Name of Registered Agent			, thereby resigns as			
Registered Agent for T	he Woodsman B	rand, LLC				
	Name of Lir	nited Liability Company				
L15000123704		, , ,				
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last know	own ad	dress.	
The agency is terminated	d and the office disco	ontinued on the 31st day after Signature of Resigning Agent	r the date on which thi	s stater		i filed.
lf signing on behalf of a	n entity:			12 15	19 (
Cheyenne Moseley		eley		. 7 . 1 ** . * .)CT -	
		Typed or Printed Name		· 1]-	8	,
	Asst. Secretary for t	United States Corporation Ag	jents, Inc.	11, .		
		Capacity		TI OPIOA	3:05	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liability.	ed/ voluntarily dissolv	ed/		

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314