L15000 123 707

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<u>-</u>
(Business Entity Name)	
. (Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

	enterprises, LLC company
DOCUMENT NUMBER: L15000123	707
The enclosed Resignation of Registered . for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to the following:
United States Corporation Agents, In	nc.
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)
E-mail address: (to be used for future annu:	al report notification)
For further information concerning this r	matter, please call;
Janna Pantoja	at (1 800) 773-0888 x3950 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the undersig	ined.
United States Cor	poration Agents, Inc.	stribs recinne ac
Name of Registered Agent . hereby resigns as		Actor (Caigns da
Registered Agent for _	Performance At the Top Enterprises, LLC	
	Name of Limited Liability Company	·
L15000123707		
Document 8	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability cor	npany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after the Signature of Resigning Agent	e date on which this statement is filed.
If signing on behalf of an entity:		261
	Cheyenne Moseley	•
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents	
	Capacity	ñii 10: 27
	\$ 85.00 Active limited liability comp \$ 25.00 Administratively dissolved/ withdrawn limited liability of	any voluntarily dissolved/

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