L15000143554

(Requestor's Name)			
(Address)	7003545		
(Address)	7 0000 10		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	11/09/20610		
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Section Division of Corporations	
SHRJ	Professional Sales Agents Florida, LLC	
0017	Name of Limited Liability C	Company
DOC	UMENT NUMBER: L15000143854	
The e for fil	enclosed Resignation of Registered Agent for a Limited I ling.	liability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	following:
Unite	ed States Corporation Agents, Inc.	
	Name of Person	
Lega	alzoom.com, Inc.	
	Name of Firm/Company	
101	North Brand Blvd. 11th Floor	
	Address	
Glen	ndale, CA 91203	
	City/State and Zip Code	
rares	signations@legalzoom.com	
E	E-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	
		773-0888
	Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5, Florida Statutes, the undersig	ned.	
United States Corpor	ation Agents, In	C.	reby resigns as	
N	resy realigns as			
Registered Agent for Pro	fessional Sales	Agents Florida, LLC	-	
	Name of Lim	ited Liability Company		 '
L15000143854				
Document Numb	er, if known			
A copy of this resignation	was mailed to the a	above listed limited liability con	ipany at its last known add	ress.
The agency is terminated a	and the office disco	ntinued on the 31st day after the	date on which this statem	ent is filed
If signing on behalf of an e	entity:			
(Cheyenne Mose	ley		
_	T	yped or Printed Name		7
<i>F</i>	Asst. Secretary for U	Inited States Corporation Agents	s, Inc.	3
		Capacity		6- AUN US.
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability of	voluntarily dissolved/	Ai111: 22

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