L15000146724

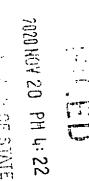
(Requestor's Name)			
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COVER LETTER

SUBJECT: Name of Limited Liability	O Company
DOCUMENT NUMBER: L15000146724	у Сотрапу
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the 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:	
at (at (at Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisi	ons of section 605.0115. Florida Statutes, the unc	dersigned.		
United States Corporation Agents, Inc.				
		hereby resigns as	thy resigns as	
Registered Agent for	Sean Hamel, LLC			
	Name of Limited Liability Company			<u> </u>
L15000146724				
Document S	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liabilit	y company at its last know	n addre	288.
	ed and the office discontinued on the 31st day art			
	Signature of Resigning Agent			
If signing on behalf of a	in entity:		2020 NOV 20	
	Cheyenne Moseley		Ę.	
	Typed or Printed Name	<u></u>	20	4
	Asst. Secretary for United States Corporation A	gents, Inc.	- 0	g i
	Capacity	Ho.	PH 4: 27	
		LL IL T	22	
	FILING FEES: \$ 85.00 Active limited liability of Administratively dissolved withdrawn limited liability.	company ved/ voluntarily dissolved/ lity company		

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