L15000184119

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Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Line		
Name of Con	ited Liability	Company
DOCUMENT NUMBER: L15000184119		
The enclosed Resignation of Registered Agent f for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to th	e following:
United States Corporation Agents, Inc.		
Name of Person		
LegalZoom.com, Inc.		
Name of Firm/Company	<u>.</u>	
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:	
Joyce Yi	800	773-0888 x7789
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	i Department ely dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREE	T ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605,0115. Florida Statutes, the under	signed,
United States Corpo	oration Agents, Inc.	. hereby resigns as
	Name of Registered Agent	The real processing the second
Registered Agent for Ol	JICKI, LLC	
	Name of Limited Liability Company	·
L15000184119		
Document Nur	nber, if known	
A copy of this resignation	n was mailed to the above listed limited liability of	company at its last known address.
The agency is terminated	and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement is filed.
If signing on behalf of an	rentity:	
	Cheyenne Moseley	-
	Typed or Printed Name Asst. Secretary for United States Corporation Age	ents. Inc.
	Capacity	<u> </u>
		±.
	FILING FEES: \$ 85.00 Active limited liability co \$ 25.00 Administratively dissolve withdrawn limited liability	ompany d/ voluntarily dissolved/

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