119000185627

(Re	equestor's Name)	
(Ad	ldress)	
(0.0	idress)	
(///	idiess)	
(Cit	ty/State/Zip/Phon	e #)
_	_	_
PICK-UP	MAIT	MAIL
	isiness Entity Nar	ne)
(50	isiness Endry ivai	110)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
_		
Special Instructions to	Filing Officer:	

Office Use Only



200333129902

08/16/13--01015--005 **25.00

WHENE TARY OF STARK

##0 9 C 2018 T. LETAIEUX

COVER LETTER

SUBJECT: Christopher Saffici LLC				
Name of Lin	nited Liability	Company		
DOCUMENT NUMBER: L15000185627				
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning th	is matter to th	ic 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 repor	a notification)			
For further information concerning this matter.	. please call:			
Kasandra Lund	1 800	773-0888 x3951		
Name of Person	Area Code	773-0888 x3951 Daytime Telephone Number		
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	la Department vely dissolved	of State for \$85,00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2.14)

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15. Florida Statutes, the unde	ersigned.			
United States Corp	oration Agents, I	nc.	horsine recie	113.2° +10.2		
Name of Registered Agent			, hereby resigns as			
Registered Agent for C	hristopher Saffic	iLLC				
	Name of Ui	nited Fiability Company			<u></u> ·	
L15000185627						
Document N	amber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at it	s last knowi	n address.	
The agency is terminate	d and the office disco	ontinued on the 31st day afte	er the date on v	which this st	tatement is filed.	
		M				
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley				
		Lyped or Printed Name		TAL SE	l •	
	Asst_Secretary for t	United States Corporation Ag	jents, Inc.	SECRE TO	-7	
		Capacity		3358 3358 9.1476	: 1 M	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liability.	ompany ed/ voluntarily ity company	FLORIDA FLORID	₹	

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