115000200802

/D-	and the second	
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
opecial instructions to	Timing Officer.	

Office Use Only



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7.1 L. L.E L.) 2019 EET TO FR 12: 20

RES

MAY 22 2019

I ALBRITTON

COVER LETTER

SUBJECT: Name of	of Limited Liability Company
DOCUMENT NUMBER: L1500020080	02
The enclosed Resignation of Registered A for filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concernit	ng this matter to the following:
United States Corporation Agents, Inc	2.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	····
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
	at (1 800) 773-0888 x395 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the F liability company or \$25.00 for an administiability company.	Torida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Registration Section

TO: Registration Section Division of Corporations

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 provisio	ns of section 605.0115	5. Florida Statutes, the under	signed,		
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as			
		ıı	_ , thereby resigns as		
Registered Agent for A	morphous Creatio	ns, LLC			
	Name of Line	ited Liability Company			
	yanc or Gin.	ico mionici company			
L15000200802					
Document No	imber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liability e	ompany at its last known ac	ldress.	
The agency is terminate	d and the office discor	Signature of Resigning Agent	the date on which this state	ment is	filed.
If signing on behalf of an entity:		-	2019		
	Cheyenne Mose	ley			
	Ту	ped or Printed Name		- 10	•
Asst. Secretary for United States Corporation A		nts, Inc.	<u></u>	•	
		Capacity		PH 12: 20	•
	****			ä	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved/		

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