L16000016939

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		•



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Office Use Only

Ra Resignation 28

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L16000016939	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	e 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	• ३ ेन्द्र इ
raresignations@legalzoom.com	330 GC
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Name of Person at (800) 773-0888 Area Code Daytime Telephone Number	9: 28

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5. Florida Statutes, the unders	signed,		
United States Corporation Agents, Inc. Name of Registered Agent			hereby resigns as		
			_ thereby resigns as		
Registered Agent for Th	nomas Marketing	, LLC			
	Name of Lie	nited Liability Company			
	Name of Lin	ited Liability Company			
L16000016939					
Document Nu	mber, if known				
		above listed limited liability of intinued on the 31st day after			ilad
		Signature of Resigning Agent	————	iciii is i	neg.
If signing on behalf of an entity: Cheyenne Moseley			20	1.9	
		eley		030	- '
		yped or Printed Name		, ,_j	~ > -
	Asst. Secretary for L	Inited States Corporation Age	nts, Inc.	K	사 공연
		Capacity		4 9: 28	STAIL STAILS.
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	// voluntarily dissolved/		2

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