160000 17806

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Danuara et Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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R/K-Kisign

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Colored, LLC
	Name of Limited Liability Company
DOC	JMENT NUMBER: L16000017806
The er	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitteding.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Lega	zoom.com, Inc.
	Name of Firm/Company
101 1	lorth Brand Blvd. 11th Floor
	Address
Glene	dale, CA 91203
	City/State and Zip Code
rares	gnations@legalzoom.com
Е	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Jann	Name of Person at (800 773-0888 x3950 Area Code Daytime Telephone Number
-	Name of Person Area Code Daytime Telephone Number
Enclos liabili liabili	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limitely company.
3.5 4.51	INC ADDDCC. CTDEFT ADDDCC.

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	s of section 605.0115, Florida Statutes, the unc	dersigned,	
United States Corporation Agents, Inc.		_ , hereby resigns as	
	Name of Registered Agent	-	
Registered Agent for	plored, LLC		
	Name of Limited Liability Company	·	
L16000017806			
Document Nu	mber, if known		
A copy of this resignatio	n was mailed to the above listed limited liabili	ty company at its last known address.	
The agency is terminated	I and the office discontinued on the 31st day at Signature of Resigning Agen	n	
If signing on behalf of a	n entity:	2020 JUH: -8	
	Cheyenne Moseley	<u> </u>	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	Agents, Inc.	
	Capacity	<u> </u>	
		9: 03	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liability	lved/ voluntarily dissolved/	

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