116000027223

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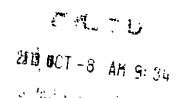






TO: Registration Section

Division of Corporations



SUBJECT:		Articles 2
Name of Limite	d Liability	Company
DOCUMENT NUMBER: L16000027223		
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to th	e 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 report no	tification)	
For further information concerning this matter, ple	ease call:	
at (1 800	773-0888 x3950
Name of Person	Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,			$\frac{1}{2}$ Å	138 ji 887	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	一 :** 姓,	6	, su
			1750 1761 1762	1-8	مرد المردود المردود المردود
Registered Agent for	EILANA, LLC		945 171 55	-	13
			:	_¥. 	€.
<u> </u>	Name of Limited Liability Company		**	က	
L16000027223					
Document N	umber, if known				
_	on was mailed to the above listed limited liability of				
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which t	his statem	ent is f	iled.
If signing on behalf of a	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	ents, Inc.			
	Capacity				

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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