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COVER LETTER

то:	Registration Section Division of Corporations		
eur i	ECT:		
5010	Name	of Limited Liability (Company
DOC	UMENT NUMBER: L160000587	08	
The ci	nclosed Resignation of Registered Aing.	Agent for a Limited	Liability Company and fee are submitted
Please	e return all correspondence concerni	ng this matter to the	e following:
Unite	ed States Corporation Agents, In	C.	
	Name of Person		
Lega	Izoom.com, Inc.		
	Name of Firm/Company		
9900	Spectrum Dr.		
	Address		
Aust	in, TX 78717		
	City/State and Zip Code		
		T	
	E-mail address: (to be used for future annua		
For fi	irther information concerning this n	natter, please call:	
Kasa	andra Lund	1 800	773-0888 x3951 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

United States Con	poration Agents, Inc.			
	Name of Registered Agent	, hereby resign:	8 38	
	<u>-</u>			
Registered Agent for	1013 TECH, LLC			
	Name of Limited Liability Company			_
L16000058708				
Document	Number, if known			
	tion was mailed to the above listed limited lia			
	tion was mailed to the above listed limited lia	y after the date on w	hich this statement	
	tion was mailed to the above listed limited lia sted and the office discontinued on the 31st da Signature of Resigning A	y after the date on w	hich this statement	
The agency is termina	tion was mailed to the above listed limited lia sted and the office discontinued on the 31st da Signature of Resigning A	y after the date on w	hich this statement SECRETARY FALLAHASSEE	
The agency is termina	tion was mailed to the above listed limited lia ated and the office discontinued on the 31st da Signature of Resigning 2	y after the date on w	hich this statement SECRETARY FALLAHASSEE	
The agency is termina	tion was mailed to the above listed limited lia ated and the office discontinued on the 31st da Signature of Resigning A Cheyenne Moseley	y after the date on wh	hich this statement	

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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