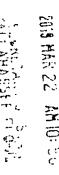
# 

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)	<u>.                                    </u>	
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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#### **COVER LETTER**

TO: Registration Section			2
. Division of Corporations			
			F. 3.
SUBJECT:Your Fundraising Guru, LLC			R
Name of I	Limited Liability	Company	
DOCUMENT NUMBER: L16000068120			
The enclosed Resignation of Registered Age for filing.	nt for a Limited	d Liability Company and fo	ee are submitted
Please return all correspondence concerning	this matter to t	ne following:	
United States Corporation Agents, Inc.			
Name of Person		<u>.</u>	
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 rep	ort notification)		
For further information concerning this matter	er, please call:		
Janna	1 800	773-0888 x3950	
Name of Person	Area Code	Daytime Telephone Numb	er

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 ur	idersigned.	18 HAR 22
United States Corporation Agents, Inc.	, hereby resigns as	7. 7.0
Name of Registered Agent	, nereby resigns us	
Registered Agent for Your Fundraising Guru, LLC		
Name of Limited Liability Company		
L16000068120		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabili	ity company at its last kr	nown address.
The agency is terminated and the office discontinued on the 31st day a		is statement is filed.
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name		
Asst. Secretary for United States Corporation	Agents, Inc.	
Capacity		

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company