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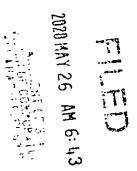
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| PICK-UP WAIT MAIL |
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| (Duniana Caliba Mana) |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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JUN 11 2020 S. YOUNG

COVER LETTER

| TO: Registra | ation Section n of Corporations | | * | , 4 | 4 - 2 - |
|----------------------------|---------------------------------------|---------------------|---------------|--------------------|---------------------------|
| | , 44 , | • | s P | • | |
| SUBJECT! Fli | ght Level 450, LLC | | | | |
| | Name o | f Limited Liability | Company | | |
| DOCUMENT | NUMBER: L1600008667 | <u>'4</u> | | | |
| The enclosed R for filing. | Resignation of Registered Ag | gent for a Limited | Liability Com | pany and fee are s | ubmitted |
| Please return a | II correspondence concerning | g this matter to th | ne following: | | |
| United States | Corporation Agents, Inc. | | | | |
| | Name of Person | | | | |
| Legalzoom.co | om, Inc. | | | | |
| | Name of Firm/Company | | | | |
| 101 North Bra | and Blvd. 11th Floor | | | | |
| | Address | | | | |
| Glendale, CA | 91203 | | | | |
| | City/State and Zip Code | _ | | | |
| raresignation | s@legałzoom.com | | | | |
| E-mail addre | ess: (to be used for future annual re | eport notification) | | | |
| For further info | rmation concerning this mat | tter, please call: | | | |
| Janna Pantoj | а | 800 at (| 773-0888 x3 | 950 | |
| - | Name of Person | Area Code | Daytime Telep | hone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | ons of section 605.0115, Florida Statute | es, the undersigned, | | | |
|-------------------------------------------------|------------------------------------------|-----------------------------|------------------------|--------|--|
| United States Corporation Agents, Inc. , hereby | | | resions as | | |
| | | | 15 (13 | | |
| Registered Agent for _ | light Level 450, LLC | | | | |
| | Name of Limited Liability Comp | any | · | | |
| L16000086674 | | | | | |
| Document N | umber, if known | | | | |
| A copy of this resignati | on was mailed to the above listed limit | ed liability company at its | last known address. | | |
| The agency is terminate | ed and the office discontinued on the 3 | lst day after the date on w | hich this statement is | filed. | |
| | Signature of Resignature | 1 | 2020 MAY 26 | : 75 9 | |
| If signing on behalf of a | in entity: | | 10人夏 | 4 ! | |
| | Cheyenne Moseley | | 26 | | |
| | Typed or Printed Nam | uc | 63 | j [] | |
| | Asst. Secretary for United States Cor | poration Agents, Inc. | · · · 3 | - | |
| | Capacity | | M 6: 43 | | |

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