116000151749

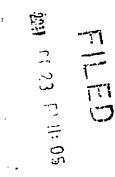
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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
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Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT [7] 1 7 .

COVER LETTER

SUBJ	ECT:		
	Name of Limited Liability Company		
DOC	MENT NUMBER: L16000151749		
The e for fil	closed Resignation of Registered Agent for a Limited Liability Company and fee ng.	are subi	mitte
Please	return all correspondence concerning this matter to the following:		
Unite	States Corporation Agents, Inc.		
	Name of Person		
Lega	zoom.com, Inc.		
	Name of Firm/Company		
9900	Spectrum Dr.		
	Address	20 13 14	
Austi	, TX 78717	73	77
	City/State and Zip Code	23	1
		O.	. • •
E	nail address: (to be used for future annual report notification)	-;-	لسديده
For fu	ther information concerning this matter, please call:	9.0	
Janna	Pantoja at (1800) 773-0888 x3950 Name of Person Area Code Daytime Telephone Number		
	Name of Person Area Code Daytime Telephone Number		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Statutes, the under	signed.	
United States Corp	poration Agents, Inc.	handre mai ann an	
	Name of Registered Agent	hereby resigns as	
Registered Agent for	losquito Doom, LLC		
	Name of Limited Liability Company		,
L16000151749			
Document Nu	amber, if known		
A copy of this resignation	on was mailed to the above listed limited liability o	company at its last known a	ddress.
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this state	ement is filed
	Signature of Resigning Agent		
If signing on behalf of an entity:		7	
	Cheyenne Moseley	ن. س	1
	Typed or Printed Name		1
	Asst. Secretary for United States Corporation Age	ints. Inc.	
	Capacity		;

FILING FEES:
\$ 85.00 Active fimited 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