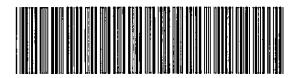
46 000 163 338

(Requestor's Name)			
(Address)	_		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300336639203

11/19/13--U1006--U83 **25.80

RA Resignation

COVER LETTER

TO: Registration Section Division of Corporations Pen Credible, LLC Name of Limited Liability Company DOCUMENT NUMBER: L16000163338 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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 notification) For further information concerning this matter, please call: Janna Pantoja Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Corp	poration Agents, Inc.	. hereby resigns as	
Name of Registered Agent		Hereby resigns as	
Registered Agent for _	Pen Credible, LLC		
	Name of Limited Liability Company	 .	
L16000163338			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day afte	r the date on which this statement is	filed.
If signing on behalf of a	an entity:	WOV	<u>3</u> .
	Cheyenne Moseley	Ψ. Ψ	7.50 7.50
	Typed or Printed Name		3-45
	Asst. Secretary for United States Corporation Ag	ents, Inc.	골목병
	Capacity	0: 27	STATE

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00