116000164223

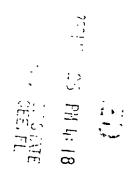
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100362418741

03/26/21--01013--017 **.5.10



COVER LETTER.

TO: Registration Section Division of Corporations

Minute Mail Political, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000164223	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
Name of Person at (800 Area Code)	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statute	s, the undersigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for $\frac{N}{2}$	Minute Mail Political, LLC		
	Name of Limited Liability Comp.	any	
L16000164223			
Document N	lumber, if known		
A copy of this resignati	ion 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	Ist day after the date on which this statement is filed	d.
If signing on behalf of a	an entity;		•••
	Cheyenne Moseley		
	Typed or Printed Nam		
	Asst. Secretary for United States Cor-	poration 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