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SECRETARY OF STATE
TALLAHASSEE, FI

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Unisoft Apps, LLC			
Name of Lim	ited Liability	Company	
DOCUMENT NUMBER: L16000175484			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	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, $\boldsymbol{\beta}$	olease call:		
Kasandra Lund	1 800	773-0888 x3951	
Name of Person	Area Code) Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the unders	signed.
United States Corporation Agents, Inc.	hander and a
Name of Registered Agent	hereby resigns as
Registered Agent for Unisoft Apps, LLC	
Name of Limited Liability Company	
L16000175484	
Document Number, if known	:: 2
A copy of this resignation was mailed to the above listed limited liability of	
The agency is terminated and the office discontinued on the 31st day after to Signature of Resigning Agent	ASSEE, OF S
If signing on behalf of an entity:	9: 55 FL
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United States Corporation Ager	nts, Inc.

FILING FEES:

Capacity

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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