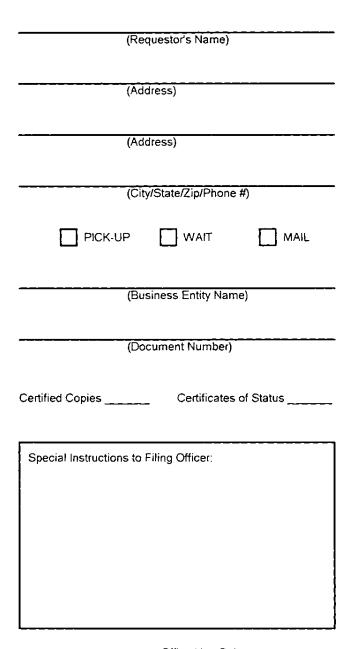
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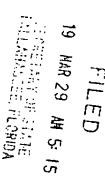


Office Use Only



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COVER LETTER

SUBJECT: Chase McCarthy Software, LLC

Name of Limited Liability Company DOCUMENT NUMBER: L16000179010 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 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 Statutes, the under	rsigned,		
United States Corporation Agents, Inc. hereby res			, hereby resigns	s as	
	Name of Registered Agen	l	,		
Registered Agent for _	Chase McCarthy So	oftware, LLC			
	Name of Limi	ted Liability Company			
L16000179010					
Document N	umber, if known	 -			
A copy of this resignati	ion was mailed to the a	bove listed limited liability	company at its	last known address.	
The agency is terminat	ed and the office discoi	Signature of Resigning Agent	the date on wh	nch this statement is	med. -⊀
If signing on behalf of an entity:				76g 75	
	Cheyenne Moseley			- 原場 - 支援 - 字 - 二	
	Typed or Printed Name			MAR 29 MAR 29 MAR 28 MA	
	Asst. Secretary for United States Corporation Agents, Inc.			29 28 88 88 88 88 88 88 88 88 88 88 88 88	
	FILING	Capacity FF F S-		M 5: 15	
	\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve	ompany ed/ voluntarily	dissolved/	

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

withdrawn limited liability company