# LIL 000207015

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### **COVER LETTER**

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L16000207015	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
at (	773-0888
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 605.011	5. Florida Statutes, the unders	igned.	
United States Corporation Agents, Inc.  Name of Registered Agent			hereby resigns as	
	Name of Lin	nited Liability Company		*
	Name of Em	иса глаонну Сопрану		
L16000207015				
Document N	umber, if known			
A copy of this resignati	on was mailed to the	above listed limited liability co	ompany at its last known a	ddress.
The agency is terminate	ed and the office disco	ontinued on the 31st day after t	he date on which this state	ment is filed.
If signing on behalf of a	in entity:			
	Cheyenne Mose	eley		
		yped or Printed Name  United States Corporation Agen	nts Inc	
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability com Administratively dissolved/ withdrawn limited liability	npany / voluntarily dissolved/ - company	131 8: 5h

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