LILO OUO 228371

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





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COVER LETTER

THE HAPPINESS ELEMENT, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L16000228371 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 Area Code Daytime Telephone Number 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limitability company.

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Stat	utes, the undersigned.	
	poration Agents, Inc.		
	Name of Registered Agent	hereby resigns as	
Registered Agent for _	HE HAPPINESS ELEMENT,	LLC	
	Name of Limited Liability Cor	npany	,
L16000228371			
Document N	umber, if known		
The agency is terminate	ed and the office discontinued on the		s statement is file
If signing on behalf of a	n entity:		70
	Cheyenne Moseley		2020 JUN 17
	Typed or Printed Na	ime	\(\frac{1}{2} \)
	Asst. Secretary for United States Co	orporation Agents, Inc.	
	Capacity		A
	FILING FEES: \$ 85.00 Active limite	d liability company	8: 26
	\$ 25.00 Administrative withdrawn li	d liability company vely dissolved/ voluntarily dissolve mited liability company	:d/

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