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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	🗋 WAIT 🔄 MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)
ertified Copies	Certificates of Status
pecial Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

nor Innovation Licensing Service LLC

SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER: L16000229714

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	1 800	773-0888 x3950
	_ at ()
Name of Person	Area Code	Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

_, hereby resigns as

19 05 C 20 PH 3. 05

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

United States Corporation Agents, Inc.

Name of Registered Agent

Registered Agent for _____

Name of Limited Liability Company

L16000229714

۰,

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Cheyenne Moseley

Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILING FEES:

\$ 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

ANHS17 (2/14)