# L17000039776

(Re	questor's Name)		
(Ād	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400329124004

05/16/13:-01016:-004 (\*\*55.06

61:219.0 DEE: 19

RRES

MAY 22 2019 I ALBRITTON

### **COVER LETTER**

SUBJECT: Genysis Rotations, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000039776	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
at (	773-0888 x395 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115. Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc.  Name of Registered Agent		. hereby resigns as	
<del></del>	Name of Limited Liability Company	,	
L17000039776			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after	r the date on which this statement is filed	
	Signature of Resigning Agent	2015.	
If signing on behalf of a	n entity:	1 1 · · · · · · · · · · · · · · · · · ·	
Cheyenne Moseley			
	Typed or Printed Name	—— Pii	
	Asst. Secretary for United States Corporation Agr	ents, Inc.	
	Capacity	9	

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

. . . .