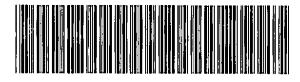
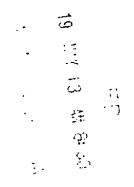
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MAY 28 2019 S. YOUNG

COVER LETTER

•	I	•
TO: Registration Sect Division of Corp	tion orations	
SUBJECT:		imited Liability Company
DOCUMENT NUMBE		inited Liability Company
The enclosed Resignation for filing.	n of Registered Agen	for a Limited Liability Company and fee are submitted
Please return all corresp	ondence concerning t	his matter to the following:
United States Corpora	ation Agents, Inc.	
N.	ame of Person	
Legalzoom.com, Inc.		
Name	of Firm/Company	
9900 Spectrum Dr.		
	Address	
Austin, TX 78717		
City/S	tate and Zip Code	
E-mail address: (to be u	sed for future annual repe	irt notification)
For further information b	concerning this matte	r. please call:
		1 800 773-0888 x395
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check mad liability company or \$25 liability company.	e pavable to the Flori .00 for an administra	da Department of State for \$85.00 for an active limited lively dissolved, voluntarily dissolved or withdrawn limited
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
NHS17 (2/14)		

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115. Flo	rida Statutes, the undersigned,	
United States Corpora	tion Agents, Inc.	, hereby resigns as	
	ime of Registered Agent		
Registered Agent for STC	P Services, LLC		_
	Name of Limited 1.	iability Company	 ,•
L17000051706			
Document Numb	er, if known		
A copy of this resignation v	, was mailed to the above 	listed limited liability company at its last known addres	SS.
The agency is terminated an	 nd the office discontinu	ed on the 31st day after the date on which this statement	t is filed.
		(1) ====================================	<u>,</u>
_	Sign	iture of Resigning Agent	•
If signing on behalf of an en	 ntity:	:.	-
C	heyenne Moseley		Ę
	Typed o	Printed Name	ŢŢ
<u>A:</u>	sst. Secretary for United	<u> </u>	<u>-</u> ,
	City	kieity	
	\$ 25.00 Ad	S: Live limited liability company ministratively dissolved/ voluntarily dissolved/ thdrawn limited liability company	
	Divi	 Florida Department of State and mail to: sion of Corporations P.O. Box 6327 ahassee, F1, 32314	
INHS17 (2/14)			