117000054219

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



400337896334

12/16/19--01017--029 **25.00

PILED

2019 DEC 16 AM 8: 50
SECAL MASSEE FE COSTON

RAIRES

JAN 1 7 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Nam	ne of Limited Liability Company			
DOCUMENT NUMBER: L17000054	4219			
	Agent for a Limited Liability Company and fee are submitted			
Please return all correspondence concer	ming this matter to the following:			
United States Corporation Agents, I	Inc.			
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Compar	ay			
101 North Brand Blvd. 11th Floor				
Address				
Glendale, CA 91203				
City/State and Zip Coc	Je			
raresignations@legalzoom.com				
E-mail address: (to be used for future annu	ual report notification)			
For further information concerning this	matter, please call:			
Kasandra Lund	at (800) 773-0888 x3951 Area Code Daytime Telephone Number			
Name of Person	Area Code / Daytime Telephone Number			
Enclosed is a check made payable to the liability company or \$25.00 for an admitability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limite			
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as				
		Hereby resigns as				
Registered Agent for Fi	rst Coast DNA Te	esting Services, LLC		·-··		-
	Name of Lim	ited Eiability Company				.•
L17000054219						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its las	t known a	ddress.	
The agency is terminated	d and the office discor	ntinued on the 31st day afte	r the date on which	h this state	ement i	s filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Moseley			IALI 38	2019 DEC 16	
	- F ₂	yped or Printed Name		AE AE	9 DE	
	Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.	%- t~ 00 ±	. J	
		Capacity				
				<u> </u>	A	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabil	ompany ed/voluntarily dis ity company	Solved/	8: 50	D

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314