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(Re	questor's Name)			
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COVER LETTER

SUBJECT: Fleurting With Disaster, LL	С		
SUBJECT: Name o	of Limited Liability	Company	
DOCUMENT NUMBER: L170000656	66	<u></u>	
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are sub-	nitted
Please return all correspondence concerni	ng this matter to th	e following:	
United States Corporation Agents, Inc	C .		
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 m	atter, please call:		
Kasandra Lund	1 800	773-0888 x3951	
Name of Person	Area Code	Daytime Telephone Number	

STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INFIST7 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115. Florida Statutes, the under	signed.	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company	·	
L17000065666			
Document St	imber, if known		
	on was mailed to the above listed limited liability of		
The agency is terminate	d and the office discontinued on the 31st day after the continued of Resigning Agent	SE 19	
If signing on behalf of a	n entity:		
Cheyenne Moseley		ASSI	
	Typed or Printed Name	(A) = () () ()	
	Asst. Secretary for United States Corporation Ag	ents, Inc.	
	Capacity	SIALE 83	

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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