117000066388

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Fiji Ties USA, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000066388 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: Kasandra Lund Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	is of section 605.0115. Flor	ida Statutes, the undersig	gned.			
United States Corporation Agents, Inc. hereby resi			ereby resigns as			
	Name of Registered Agent					
Registered Agent for Fi	i Ties USA, LLC					
	Name of Limited Li	ability Company			 -	
L17000066388						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the above	listed limited liability co	mpany at its last ki	nown ad	dress.	
The agency is terminated	d and the office discontinue	ed on the 31st day after the				
If signing on behalf of a	n entity:			<u> </u>	2019	
	Cheyenne Moseley			11.7	SEF	سائعت
	Typed o	r Printed Name		111	22	** - 17
	Asst. Secretary for United	States Corporation Ager	nts, Inc.	ააგ	~ TC	•
	Ca	pacity		TALLAHASSO JEL	H 12: 25	
	\$ 25.00 Ad	S: live limited liability con ministratively dissolved thdrawn limited liability	/ voluntarily disso	lved/		

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