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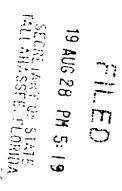
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COVER LETTER

Division of Corporations SUBJECT: INDELIBLE ACCENTS, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000070265 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:) 773-0888 x3951 Kasandra Lund Area Code Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn

MAILING ADDRESS:

limited liability company.

TO: Registration Section

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 provisi	ons of section 605.0115, Florida Statutes, the undersign	ned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	INDELIBLE ACCENTS, LLC	
	Name of Limited Liability Company	,
L17000070265		
Document N	lumber, if known	
	ion was mailed to the above listed limited liability com	
The agency is terminate	ed and the office discontinued on the 31st day after the dat Signature of Resigning Agent	——————————————————————————————————————
If signing on behalf of	an entity:	AUG.
	Cheyenne Moseley	28 \$SST
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, I	7 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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