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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Slow Meadows, LLC  Name of Limited Liability Company
DOCUMENT NUMBER: L17000074606
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
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 matter, please call:
Name of Person at ( 1800 ) 773-0888 x395  Area Code Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0115, Florida Statutes	the undersigned.		
United States Corporation Agents, Inc.  Name of Registered Agent		hereby resion	, hereby resigns as	
		( Hereby resign		
Registered Agent for _	Slow Meadows, LLC			
	Name of Limited Liability Compar	ny	<del></del>	
L17000074606				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited	d liability company at its	last known address.	
The agency is terminate	ed and the office discontinued on the 31s	st day after the date on w	hich this statement is filed.	
	Signature of Resign		F II 19 HAY I SECRETA TALLAHAS	
If signing on behalf of an entity:			SAC OF	
	Cheyenne Moseley		<u></u>	
	Typed or Printed Name		D STATE CLORRO	
	Asst. Secretary for United States Corp	oration Agents, Inc.		
	Capacity		¹₹. <b>∀</b>	

FILING FEES:

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\$25.00 Administratively dissolved/ withdrawn limited liability company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