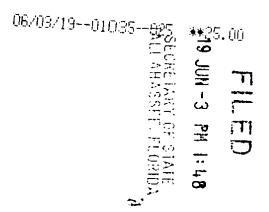
U70000 83120

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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JUN 19 2019 TECHROEDER

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------------|--|
| SUBJ | ECT: |
| | Chance of Chance Channey Company |
| DOC | UMENT NUMBER: L17000083120 |
| The er for fili | nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing. |
| Please | return all correspondence concerning this matter to the following: |
| Unite | d States Corporation Agents. Inc. |
| | Name of Person |
| Legai | Izoom.com, Inc. |
| | Name of Firm/Company |
| 9900 | Spectrum Dr. |
| | Address |
| Austir | n, TX 78717 |
| | City/State and Zip Code |
| | |
| E- | mail address: (to be used for future annual report notification) |
| For fu | rther information concerning this matter, please call; |
| Kasaı | Name of Person Area Code Daytime Telephone Number |
| | Name of Person Area Code Daytime Telephone Number |
| павиц | sed is a check made payable to the Florida Department of State for \$85,00 for an active limited y company or \$25,00 for an administratively dissolved, voluntarily dissolved or withdrawn limite, y company. |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 unc | lersigned. |
|---------------------------|---|--|
| United States Corp | _ , hereby resigns as | |
| | Name of Registered Agent | _ thereby resigns as |
| Registered Agent for L | ightning Property Management LLC | |
| | Name of Limited Liability Company | ···· |
| L17000083120 | | |
| Document N | umber, if known | |
| A copy of this resignati | on was mailed to the above listed limited liability | y company at its last known address. |
| The agency is terminate | ed and the office discontinued on the 31st day aft | ter the date on which this statement is file |
| | Signature of Resigning Agent | |
| It signing on behalf of; | | TO JUN FI |
| | Cheyenne Moseley | |
| | Lyped or Printed Name | ************************************** |
| | Asst Secretary for United States Corporation A | - 0/ 1/ |
| | Unpacity | Pale or the control of the control o |

Make checks payable to Florida Department of State and mail to: Division of Corporations

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

P.O. Box 6327 Tallahassee, FL 32314