# L17000122065

(Requestor's Name)
(Address)
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(Document Number)
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
2 miles of Corporations	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>L17000122065</u>	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800 at (	773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, the undersi	igned,	
United States Co	rporation Agents, Inc.	hereby resigns as	
	Name of Registered Agent	icredy resigns as	
Registered Agent for	Leah Andritsch, LLC		
	Name of Limited Liability Company		_ <del>_</del> .
L17000122065			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known addre	ess.
The agency is termina	ated and the office discontinued on the 31st day after t		nt is filed.
If signing on behalf o	f an entity:		
	Cheyenne Moseley	<u>.</u>	. i
	Typed or Printed Name	<del></del>	نان م
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity		တ

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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