L17000124623

(Requestor's Name)		
(Address)		
(Address)		
(7.001.033)		
(City/State/Zip/Phone #)		
	_	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Submoss Entry Name)		
(Document Number)		
Certified Copies Certificates of St	atus	
		
Special Instructions to Filing Officer:		

Office Use Only



900333116989

09/29/18--01014--019 **25.00

19 AUS 28 PH 6: 08

SEP 0 9 2019 S. YOUNG

COVER LETTER

DOLOT: SEPS TO STEEL OF THE ORIGINAL OF THE OR	(33	
DOCUMENT NUMBER: <u>L17000124</u>	623	
The enclosed Resignation of Registered Assubmitted for filing.	Agent for a Limite	d Liability Company and fee are
Please return all correspondence concerni	ing this matter to t	he following:
United States Corporation Agents, In	C.	
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 annua	l report notification)	-
For further information concerning this m	natter, please call:	
Kasandra Lund	at (1 800) 773-0888 x3951
Name of Person		Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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	ions of section 605.0115, Florida Statutes	s, the undersigned,
United States Co.	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	SHE EMERGES, LLC	
	Name of Limited Liability Compan	ny .
L17000124623		
Document	Number, if known	
		ed liability company at its last known address. day after the date on which this statement is filed.
	Signature of Resigning	ing Agent AUG
If signing on behalf o	f an entity:	28 ASSI
	Cheyenne Moseley	1 <u></u> -
	Typed or Printed Name	
	Asst. Secretary for United States Corpo	pration Agents, Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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