L17000 125 495

(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



200331999182

1/22/19--01027--012 **25.00





COVER LETTER

Registration Section Division of Corporations

TO:

Sabilation and C				
SUBJECT: Name of Lin	nited Liability Company			
DOCUMENT NUMBER: L17000125495	· · ·			
	for a Limited Liability Company and fee are submitted			
Please return all correspondence concerning thi	s 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:			
Janna Pantoja	_1 800			
Name of Person	(1 800) 773-0888 x3950 Area Code) Daytime Telephone Number			
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited rely dissolved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section Division of Corporations	Registration Section			
Division of Corporations	Division of Corporations			

Tallahassee, FL 32301

Division of Corporations Clifton Building 2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, Ft. 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the unde	rsigned.			
United States Corporation Agents, Inc.			, hereby resigns as			
	Thereto, reagan ta					
Registered Agent for ri	ghtleftclique, LLC					
					,	
	Name of Lin	nited Liability Company				
L17000125495						
Document No	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last k	mown addr	ess.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	r the date on which t	his stateme	ant is	filed.
		Signature of Resigning Agent				
It signing on behalf of a	in entity:					
	Cheyenne Mose	eley		SE	20	
	Ţ	'yped or Printed Name		AC.	9	
	Asst. Secretary for U	United States Corporation Ag	ents, Inc.	<u> </u>	Ę	
		Capacity		TAS	2019 JUL 22	
				SE!	P	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/voluntarily disso	3. Ob	٠ ٢	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314