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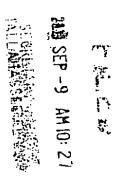
(Requestor's Name)						
(Address)						
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TO:	Registration Section	•
	Division of Corporations	t E
SUBJ	ECT:	. 7
	Name of Limited Liability Company	
DOCU	UMENT NUMBER: L17000133059	<u>ج</u>
The er for fili	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.	`_
Please	return all correspondence concerning this matter to the following:	
Unite	d States Corporation Agents, Inc.	
	Name of Person	
Legal	zoom.com, Inc.	
	Name of Firm/Company	
101 N	lorth Brand Blvd. 11th Floor	
	Address	
Glend	ale, CA 91203	
	City/State and Zip Code	
E-1	mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call;	
Janna	Pantoja 1 800 773-0888 x3950	
	Pantoja at (1800 773-0888 x3950 Area Code Daytime Telephone Number	
	ed is a check made payable to the Florida Department of State for \$85.00 for an active limited company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited company.	I

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	ns of section 605.0115. Florida Statutes, the u	ndersioned	
United States Corpo			SIS
	Name of Registered Agent	_ , hereby resigns as	
Registered Agent for Se	eda Industries, LLC		7
	Name of Limited Liability Company		
L17000133059			
Document Nur	nber, if known		
	n was mailed to the above listed limited liabil and the office discontinued on the 31st day a		
	Signature of Resigning Ager		ns statement is med.
t'signing on behalf of an	entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
, -	Asst. Secretary for United States Corporation	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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