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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ANGELIGHT LLC		
N.	ame of Limited Liability	Company
DOCUMENT NUMBER: 1.17000142	459	
The enclosed Resignation of Register for filing.	ed Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence conc	erning this matter to t	he following:
Chelsea Chapman		
Name of Person		-
Legaline Corporate Services, Inc.		
Name of Firm/Comp	oany	-
10601 Clarence Drive, Suite 250		
Address		-
Frisco, TX 75033		
City/State and Zip C	ode	-
E-mail address: (to be used for future an	nnual report notification)	-
For further information concerning th	is matter, please call:	
Chelsea Chapman	844 at (386-0178)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115. Florida Statute	es, the undersigned,	
Legaline Corporate Services, Inc. Name of Registered Agent		, hereby resigns as	
Registered Agent for	ANGELIGHT LLC		
	Name of Limited Liability Comp	Dany	
L170001-	12459		
Document Nun	nber, if known		
A copy of this resignation	n was mailed to the above listed limit	ted liability company at its last known address.	
The agency is terminated	and the office discontinued on the 3	1st day after the date on which this statement is fi	7
If signing on behalf of an	entity:	ב ה ב ב	A 200
	Chelsea Chapmar	1	
	Typed or Printed Nar	ne .	7 74
	on Behalf of Legalinc Corpora	te Services, Inc.	
	Cupacity	——————————————————————————————————————	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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