L1700014828L

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
`	,	
(City/St	ate/Zip/Phone #)	,
PICK-UP	WAIT	MAIL
Rusing	ess Entity Name)	
(Базие	:55 Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	-

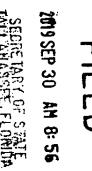
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COVER LETTER

Registration Section

TO:

Division of Corporations SUBJECT: GRINTAFY TECHNOLOGIES, LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000148286 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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: at (1800) 773-0888 x3951
Area Code Davtime Telephone Number Kasandra Lund 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the undersign	ea.
United States Corp	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	•
Registered Agent for	GRINTAFY TECHNOLOGIES, LLC	
	Name of Limited Liability Company	·
GRINTAFY TECHN	NOLOGIES, LLC	
A copy of this resignat	tion was mailed to the above listed limited liability comp	3 3
The agency is terminate	ed and the office discontinued on the 31st day after the date	e on which this statement filed.
If signing on behalf of	an entity:	
	Cheyenne Moseley	St. G.
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, Ir	nc
	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