L17000164678

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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11/05/18--01005--001 **25.00





COVER LETTER

Name of Limited Liability	Company
DOCUMENT NUMBER: L17000164678	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
Janna Pantoja at (1800 Area Code	773-0888 x3950 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	15. Florida Statutes, the unde	rsigned,
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as	
		ent	, nereby resigns as
Registered Agent for	Frozen Dragon, LL	-C	
	Name of Lir	nited Liability Company	
L17000164678			
Document ?	Number, if known		
A copy of this resignat	tion was mailed to the	above listed limited liability	company at its last known address.
The agency is termina	ted and the office disco	ontinued on the 31st day afte	r the date on which this statement is filed.
		Signature of Resigning Agent	
f signing on behalf of	an entity:		
	Cheyenne Mose	eley	. C *
	Typed or Printed Name		——————————————————————————————————————
	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.
		Capacity	
			Ş. V =
	FILING \$ 85.00 \$ 25.00	Active limited liability co	ed/ voluntarily dissolved/

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