L17000184245

(Requestor's Name)			
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(Business Entity Name)			
(Document Number)			
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TSCHOOLER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Surface Trenz, LLC
	Name of Limited Liability Company
DOC	UMENT NUMBER: L17000184245
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ling.
Pleas	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	alzoom.com, Inc.
	Name of Firm/Company
101	North Brand Blvd. 11th Floor
	Address
Gler	ndale. CA 91203
-	City/State and Zip Code
rares	signations@legalzoom.com
	E-mail address: (to be used for future annual report notification)
For f	urther information concerning this matter, please call:
Kasa	Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
liabil	osed is a check made payable to the Florida Department of State for \$85.00 for an active limited lity company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite lity company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the un	dersigned.
United States Corporation Agents, Inc. hereby re		, hereby resigns as
	Name of Registered Agent	
Registered Agent for S	urface Trenz, LLC	
	Name of Limited Liability Company	
L17000184245		
Document Nu	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day a	ifter the date on which this statement is filed
	Signature of Resigning Age	OJAN -7 COME JASY CLANDSSE
If signing on behalf of a	nn entity:	
	Cheyenne Moseley	AM II: 50
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	Capacity	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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