L17000196879

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

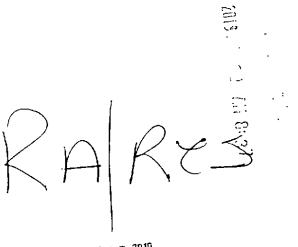
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COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------|---|
| | |
| SUBJ | ECT: ALGERNETA, LLC |
| | Name of Limited Liability Company |
| DOC | UMENT NUMBER: <u>L17000196879</u> |
| | nclosed Resignation of Registered Agent for a Limited Liability Company and fee are itted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| Unite | ed States Corporation Agents, Inc. |
| | Name of Person |
| Lega | Izoom.com, Inc. |
| | Name of Firm/Company |
| 101 | North Brand Blvd. 11th Floor |
| | Address |
| Glen | dale, CA 91203 |
| | City/State and Zip Code |
| [3 | gnations@legalzoom.com -mail address: (to be used for future annual report notification) urther information concerning this matter, please call: |
| FOLI | uner information concerning this maner, please can. |
| Kasar | at (1 800) 773-0888 x3951 |
| | Name of Person Area Code Daytime Telephone Number |
| liabili | sed is a check made payable to the Florida Department of State for \$85.00 for an active limit ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn d liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ns of section 605.0115. Florida Statutes, the undersigned. | |
|----------------------------|---|-----------------------------|
| United States Corpo | oration Agents, Inc herel | oy resigns as |
| | Name of Registered Agent | |
| Registered Agent for | ALGERNETA, LLC | |
| | | |
| | Name of Limited Liability Company | |
| ALGERNETA, LLC Document Nu | 1100019487 | 9 |
| A copy of this resignation | on was mailed to the above listed limited liability company at | its last known address. |
| The agency is terminated | and the office discontinued on the 31st day after the date on whi | ich this statement is filed |
| | Signature of Resigning Agent | |
| If signing on behalf of a | n entity: | |
| | Cheyenne Moseley | |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corporation Agents, Inc. | |
| | Capacity | |
| | | <u>.</u> |
| | FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily withdrawn limited liability company | වූදි ලා dissolved/ යු |

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