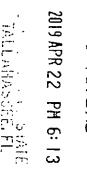
K17000204309

(Requestor's Name)	_
(Address)	—
(Address)	—
(City/State/Zip/Phone #)	_
· ·	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
,	
(Document Number)	_
(2007)	
Codifical Coning Codificator of Status	
Certified Copies Certificates of Status	_
	_,
Special Instructions to Filing Officer:	

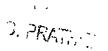
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	13	
SUBJECT: EDDIE PEMBERTO		
	Name of Limited Liability	Company
DOCUMENT NUMBER: L1700	0204309	
The enclosed Resignation of Regis for filing.	tered Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to th	e following:
United States Corporation Ager	nts, Inc.	
Name of Pers	son	
Legalzoom.com, Inc.		
Name of Firm/Co	mpany	
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zi	p Code	
E-mail address: (to be used for futur	e annual report notification)	
For further information concerning	this matter, please call:	
Kasandra Lund	1 800	773-0888 x3951 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the under	signed.		
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as		
		_ , hereby resigns as		
Registered Agent for	EDDIE PEMBERTON HOLDINGS, LLC		_	
	Name of Limited Liability Company			
L17000204309				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited liability o	company at its last known addres.	s.	
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this statement	is file	:d.
	Signature of Resigning Agent		2019 APR 22	
If signing on behalf of	an entity:		APR	T
	Cheyenne Moseley	ents, Inc.	22	1
	Typed or Printed Name		-0 -2	("In
	Asst. Secretary for United States Corporation Age	ents, Inc.	<u>6</u> :	
	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