117000204332

(Requestor's Name)				
(Address)				
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COVER LETTER

SUBJECT: Enero LLC	ne of Limited Liabilit	Company
DOCUMENT NUMBER: L1700020		Company
The enclosed Resignation of Registered for filing.	d Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concer	rning this matter to t	he following:
United States Corporation Agents,	Inc.	
Name of Person		-
Legalzoom.com, Inc.		
Name of Firm/Compar	ny	-
9900 Spectrum Dr.		
Address		-
Austin, TX 78717		
City/State and Zip Coc	de	-
E-mail address: (to be used for future annu	ual report notification)	-
For further information concerning this	matter, please call:	
Janna Pantoja	1 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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	ons of section 605.011	5, Florida Statutes, the under	signed.
United States Corporation Agents, Inc.		_ , hereby resigns as	
Name of Registered Agent			
Registered Agent for $\frac{E}{E}$	Enero LLC		
	Name of Lim	ited Liability Company	,
L17000204332			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the a	above listed limited liability o	ompany at its last known address.
The agency is terminate	ed and the office disco	ntinued on the 31st day after	the date on which this statement is filed.
	("ML	
		Signature of Resigning Agent	
If signing on behalf of	an entity;		
	Cheyenne Mose	ley	
	T	yped or Printed Name	
	Asst. Secretary for U	Inited States Corporation Age	nts, Inc.
		Capacity	
			· 22
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved	mpany (2) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		withdrawn limited liabilit	y company T
	Make checks payab	ole to Florida Department of St Division of Corporations P.O. Box 6327	ate and mail to: 😅
		Tallahassee, FL 32314	