117000238975

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
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PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Consider Instructions to	Eiling Officer			
Special Instructions to Filing Officer:				





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S. TALLENT DEC 03 2018



RIARRAGIA

COVER LETTER

SUBJECT: Eleven Venture Group, LLC					
Name of Limited Liability Company					
DOCUMENT NUMBER: L17000238975					
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted				
Please return all correspondence concerning this ma	atter to the following:				
United States Corporation Agents, Inc.					
Name of Person					
Legalzoom.com, Inc.					
Name of Firm/Company					
9900 Spectrum Dr.					
Address					
Austin, TX 78717					
City/State and Zip Code					
E-mail address: (to be used for future annual report noti	fication)				
For further information concerning this matter, plea	se call:				
Janna Pantoja 1	800				
Name of Person A	800 773-0888 x3950 rea Code Daytime Telephone Number				
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited				
MAILING ADDRESS:	STREET ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

INHS17 (2/14)

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.0115, Florida Statutes, the c	indersigned.		
United States Corporation Agents, Inc. Name of Registered Agent		hereby resions as	_ , hereby resigns as	
		Hereo, rungao a.		
Registered Agent for Elevi	en Venture Group, LLC			
	Name of Limited Liability Company			
L17000238975				
Document Numbe	r, if known			
A copy of this resignation w	vas mailed to the above listed limited liab	ility company at its last known ad	dress.	
The agency is terminated an	nd the office discontinued on the 31st day	after the date on which this stater	nent is	: filed
	Signature of Resigning Ag	ent	18 NOV 26 PM	丁
If signing on behalf of an entity:			Ó	FILE
Cheyenne Moseley				Ü
	Typed or Printed Name		ਨੰਮ	
As	st. Secretary for United States Corporation	n Agents, Inc.	70	
	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, F1, 32314