## L17000248576

|   | Requestor's Name)       |        |  |  |
|---|-------------------------|--------|--|--|
| - (/                                    | Address)                |        |  |  |
|   | Address)                |        |  |  |
| (0                                      | City/State/Zip/Phone #) |        |  |  |
| PICK-UP                                 | ☐ WAIT                  | MAIL   |  |  |
| (8                                      | Business Entity Name)   |        |  |  |
| (Document Number)                       |                         |        |  |  |
| Certified Copies                        | Certificates of         | Status |  |  |
| Special Instructions to Filing Officer: |                         |        |  |  |
|   |                         |        |  |  |
|   |                         |        |  |  |
|   |                         |        |  |  |
|   |                         |        |  |  |





200320165762

11/05/18--01003--037 \*\*25.00



## **COVER LETTER**

| TO: Registration Section<br>Division of Corporations  |                              |   |  |
|---|------------------------------|---|--|
| ,   |                              |   |  |
| SUBJECT: SUBJECT:   |                              |   |  |
| Name of Limi  | ted Liability                | Company   |  |
| DOCUMENT NUMBER: L17000248576   |                              |   |  |
| The enclosed Resignation of Registered Agent for filing.  | or a Limited                 | Liability Company and fee are submitted   |  |
| Please return all correspondence concerning this  | matter to th                 | e following:  |  |
| United States Corporation Agents, Inc.  |                              |   |  |
| Name of Person  | <del></del>                  |   |  |
| 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 n  | otification)                 |   |  |
| For further information concerning this matter, p   | lease call:                  |   |  |
| Kasandra Lund   | 1 800                        | 773-0888 x3951  |  |
| Name of Person  | Area Code                    | Daytime Telephone Number  |  |
| Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company. | Department<br>ly dissolved   | of State for \$85.00 for an active limited<br>I, voluntarily dissolved or withdrawn limited |  |
| MAILING ADDRESS:  | STREE                        | T 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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision              | is of section 605.011;  | 5. Florida Statutes, the unde   | rsigned,           |                             |
|--|-------------------------|---|--------------------|-----------------------------|
| United States Corporation Agents, Inc. |                         | , hereby resigns as   |                    |                             |
|  | Name of Registered Ager | NI .  |                    |                             |
| Registered Agent for Sc                | olo Dynamic Ente        | rprises, LLC  |                    |                             |
|  | Names of Line           | ited Liability Company  |                    | ·                           |
|  | .Name of f.na           | ней главину с отрану  |                    |                             |
| L17000248576                           |                         |   |                    |                             |
| Document Nui                           | nber, if known          |   |                    |                             |
| A copy of this resignatio              | n was mailed to the a   | bove listed limited liability   | company at its las | st known address.           |
| The agency is terminated               | I and the office disco  | ntinued on the 31st day afte  | r the date on whic | ch this statement is tiled. |
|  |                         | Signature of Resigning Agent  |                    |                             |
| If signing on behalf of ar             | i entity:               |   |                    |                             |
|  | Cheyenne Mose           | ley   |                    |                             |
|  | 1                       | yped or Printed Name  | -                  |                             |
|  | Asst. Secretary for L   | Inited States Corporation Ag  | jents, Inc.        | 20                          |
|  | FILING<br>\$ 85.00      | Capacity  FEES:  Active limited liability of Administratively dissolve withdrawn limited liabil | ompany I.          | 7010 KOV -5 P               |

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