L17000 a58 925

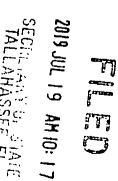
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Sasings Emily Fame)
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M 5.0 July

COVER LETTER

	imited Liability	y Company
DOCUMENT NUMBER: L17000258925		
The enclosed Resignation of Registered Agen for filing.	t for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning th	nis matter to t	he 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 repo.	rt notification)	-
For further information concerning this matter	. please call:	
Janna Pantoja	1 800	773-0888 x3950
Name of Person	Area Code	773-0888 x3950 Daytime Telephone Number
Enclosed is a check made payable to the Floric liability company or \$25.00 for an administrationability company.	la Departmen ively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limit

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115,	, Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc. Name of Registered Agent			_ , hereby resigns as	
	Name of Limite	ed Liability Company		
L17000258925				
Document	Number, if known	_		
A copy of this resigna	tion was mailed to the abo	ove listed limited liability	company at its last known address.	
The agency is termina	ted and the office discont	inued on the 31st day after	the date on which this statement is filed.	
	$\left(\begin{array}{c} \lambda \end{array} \right)$			
		Signature of Resigning Agent		
If signing on behalf of	an entity:			
	Cheyenne Mosele	eV		
		ed or Printed Name		
	Asst. Secretary for Uni	ted States Corporation Age	ents, Inc.	
		Capacity		
			S 2	
	<u>FILING FI</u> \$ 85.00	EES: Active limited hability co	7AC;	
	\$ 25.00	Administratively dissolve	d/ voluntarily disselved/ ⊆ 😘 📉	
		withdrawn limited liabilit	y company	
			SS 2	
	Make checks payable	to Florida Department of S	tate and mail to:	
		ivision of Corporations		
		P.O. Box 6327	F1 7	

Tallahassee, FL 32314