

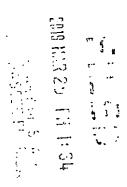
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| | | |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: Name of Lin | nited Liability | Company | |
|--|---------------------------------------|-----------------------------|------------------|
| DOCUMENT NUMBER: L18000003333 | · · · · · · · · · · · · · · · · · · · | | |
| The enclosed Resignation of Registered Agent for filing. | for a Limited | Liability Company and f | ee are submitted |
| Please return all correspondence concerning thi | is matter to th | ne following: | |
| United States Corporation Agents, Inc. | | | |
| Name of Person | | | |
| Legalzoom.com, Inc. | | | |
| Name of Firm/Company | | | . 6 |
| 9900 Spectrum Dr. | | | |
| Address | | | |
| Austin, TX 78717 | | | |
| City/State and Zip Code | | | C5 174 1: 51 |
| | | | <u> </u> |
| E-mail address: (to be used for future annual report | t notification) | | • |
| For further information concerning this matter, | please call: | | |
| Janna Pantoja | 1 800 ι (| 773-0888 x3950 | |
| Name of Person | Area Code |) Daytime Telephone Numl | per |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provision | ons of section 605.0115, Florida Statutes, the unde | ersigned. |
|---------------------------|---|--|
| United States Corp | poration Agents, Inc. | hamaha marian sa |
| | Name of Registered Agent | , hereby resigns as |
| Registered Agent for | Sia & Kaju LLC | |
| | Name of Limited Liability Company | · |
| L18000003333 | | |
| Document N | umber, if known | |
| A copy of this resignati | on was mailed to the above listed limited liability | company at its last known address. |
| The agency is terminate | ed and the office discontinued on the 31st day afte | r the date on which this statement is filed. |
| | Signature of Resigning Agent | |
| If signing on behalf of a | in entity: | |
| | Cheyenne Moseley | |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corporation Ag- | ents, Inc. |
| | Capacity | |

FILING FEFS:
\$ 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