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COVER LETTER

Division of Corporations
SUBJECT: Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: L18000003345
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
800 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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	ns of section 605.0115. Florida Statutes, the unc	dersigned.
United States Corporation Agents, Inc.		_ , hereby resigns as
	Name of Registered Agent	_ , ,
Registered Agent for	nna's Decor, LLC	
	Name of Limited Liability Company	
L18000003345		
Document Nu	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day af Signature of Resigning Agen	
If signing on behalf of a	n entity:	- 1
	Cheyenne Moseley	Agents, Inc.
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	Agents, Inc.
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissolution withdrawn limited liability	lved/ voluntarily dissolved/

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