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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

JUH 19 2019 T SCKROEDER

### **COVER LETTER**

SUBJECT: ACCELPAY, LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L18000022698	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	-
For further information concerning this matter, please call:	
Kasandra Lund  Name of Person  1 800  Area Code	773-0888 x395
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limit

#### MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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 provisio	ons of section 605.0115, Florida Statutes, the und	lersigned.	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company		
L18000022698			
Document N	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	ed and the office discontinued on the 31st day aff	ter the date on which this statement is file	d.
	Signature of Resigning Agent	The second secon	
If signing on behalf of a	in entity:	HASSET	
Cheyenne Moseley		77	
	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	
	Asst. Secretary for United States Corporation A	Agents, Inc.	
	Capacity	DA A	
		<b>~</b>	

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, FL 32314