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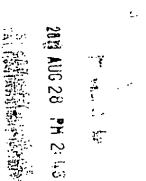
(Requestor's Name)							
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(Business Entity Name)							
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TO: Registration Section
Division of Corporations

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Name of Limited Liability Company

DOCUMENT NUMBER: L18000024717

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 r	eport notification)
For further information concerning this mat	tter, please call:
Kasandra Lund	at (1 800) 773-0888 x3951
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provis	ions of section 605.0115. Florida Statutes, the undersi	gned,		
United States Cor	poration Agents, Inc.	hereby resigns as		
	Name of Registered Agent			
Registered Agent for_	OMINOUS BLOCKCHAIN, LLC			
	Name of Limited Liability Company			
1.18000024717				
Document	Number, if known			
	ntion was mailed to the above listed limited liability co			
The agency is terminal	ed and the office discontinued on the 31st day after the d	ate on which this statement is filed.		
If signing on behalf o	f an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Agents	, Inc.		
	Capacity			

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