118000028730

(Re	equestor's Name)
(Add	idress)
(Add	ldress)
(City	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:

Office Use Only



300338657493

01/06/20--01031--021 **25.00

FILED

20 JAN -6 AM II: 31

SEUNCIANY OF STATE
ALL AHASSET OF GRADA

T SOM MEDER

COVER LETTER

SUBJECT: WritingConcept, LLC	
Name of Limited Liability	Company Company
DOCUMENT NUMBER: L18000028730	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
31. (800	773-0888 x395 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of sec	tion 605.0115. Florida Statut	es, the undersigned,		
United States Corporation Agents, Inc. Name of Registered Agent		haraha raciane	_ , hereby resigns as	
		Hereby resigns	Hereby resigns as	
Registered Agent for WritingC	oncept, LLC			
	Name of Limited Liability Comp	pany	<u> </u>	<u></u> .
L18000028730				
Document Number, if ki	lown			
A copy of this resignation was m				
The agency is terminated and the	Signature of Resignature		ich this statemer SEUNT IN TALL AHAS	
If signing on behalf of an entity:			35 b	, =
Cheyenne Moseley				<u> </u>
	Typed or Printed Nan	ne	OF STATE OF STATE	
Asst. Se	ecretary for United States Cor	poration Agents, Inc.	<u> </u>	<u>د</u>
	Capacity		ap ?	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company