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COVER LETTER

Set The Bar Consultants, LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000056811 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 9900 Spectrum Dr. Address Austin, TX 78717 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: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115. Florida Statutes, t	the undersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
Name of Registered Agent		thereby realigns as	
Registered Agent for Set	The Bar Consultants, LLC	 -	
	Name of Limited Liability Company		
L18000056811			
Document Numb	er, if known		. 2
A copy of this resignation. The agency is terminated a	was mailed to the above listed limited lend the office discontinued on the 31st of the 31s	liability company at its last known day after the date on which this	wn address 73 státement is filed.
_	Signature of Resigning	g Agent	AN 10: 29
If signing on behalf of an e	ntity:		6
C	Cheyenne Moseley		
	Typed or Printed Name		
А	sst. Secretary for United States Corpora	ation Agents, Inc.	
_	Capacity	<u> </u>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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