1180000 60111

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L18000060111	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt for filing.	ed
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:	
Janna Pantoja 800 773-0888 x3950	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the under	signed,		
United States Corp	hereby resigns as	rehv resions as		
	nervoy resigns us	y resigns as		
Registered Agent for _	Coolmristuff, LLC			
	Name of Limited Liability Company	-	,	
L18000060111				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liability c	ompany at its last knowr	ı address.	
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this st	atement is fi	led.
If signing on behalf of a	an entity:			
	Cheyenne Moseley	:-	202	
	Typed or Printed Name		<u> </u>	
	Asst. Secretary for United States Corporation Age	nts, Inc.		_
	Capacity		<u>5</u> 1	
			Pi	ı
	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved withdrawn limited liability	npany 1/ voluntarily dissolved/ y company	3: 30	•

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