## L18000 064 120

(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phon	e #)		
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Nanny Joy, LLC				
N	ame of Limited Liability	y Company		
DOCUMENT NUMBER: L180000	64120			
The enclosed Resignation of Register for filing.	ed Agent for a Limite	d Liability Company and fee are submitted		
Please return all correspondence conc	erning this matter to t	he following:		
United States Corporation Agents	, Inc.			
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Comp	pany	_		
9900 Spectrum Dr.				
Address		_		
Austin, TX 78717				
City/State and Zip C	ode	-		
E-mail address: (to be used for future as	nnual report notification)	_		
For further information concerning th	is matter, please call:			
Janna Pantoja	at (	773-0888 x3950		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an additional liability company.	the Florida Departmer ministratively dissolve	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STRE	ET ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, Fl. 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the u	ndersigned.	
United States Corp	oration Agents, Ir	nc.	, hereby resign:	s as
	Name of Registered Age	nt		
Registered Agent for	anny Joy, LLC	<del></del>		
	Name of Lin	nited Liability Company		····································
L18000064120				
Document No	amber, if known	<del>~</del>		
A copy of this resignation	on was mailed to the a	above listed limited liabi	lity company at its	last known address.
The agency is terminate	d and the office disco	ontinued on the 31st day a		hich this statement is filed.
If signing on behalf of a	in entity:			en
	Cheyenne Mose	eley		TAL TAL
	Ţ	Typed or Printed Name		
	Asst. Secretary for l	United States Corporation	Agents, Inc.	2
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES:  Active limited liabilit Administratively diss withdrawn limited lia	olved/voluntarily	SEE PH 2: 31 dissolved/

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