200 065 346

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100331996041

R. WHITE

JUL 29 2019



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: FISHING FROM HE	Name of Limited Liability Company	
DOCUMENT NUMBER: L18000	0065346	
The enclosed Resignation of Registe submitted for filing.	ered Agent for a Limited Liability Company and fee are	
Please return all correspondence con	cerning this matter to the following:	
United States Corporation Agent	s, Inc.	
Name of Person	n	
Legalzoom.com, Inc.		
Name of Firm/Com	ipany	
101 North Brand Blvd. 11th Floor	r	
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 t	his matter, 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 liability company or \$25.00 for an adlimited liability company.	the Florida Department of State for \$85.00 for an active l dministratively dissolved, voluntarily dissolved or withdra	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the undersigne	d.	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	FISHING FROM HEAVEN, LLC		
	Name of Limited Liability Company		
L18000065346			
Document 8	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability comp	any at its last known addres	is.
The agency is terminate	ed and the office discontinued on the 31st day after the date	on which this statement is fil	ed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley	201	
	Typed or Printed Name	2015 JUL 2015 JUL	₹,
	Asst. Secretary for United States Corporation Agents, Inc.	s.	
	Capacity	~ ~ .	
		P = (-1	- ; }
	tra and popula	: · · · · · · · · · · · · · · · · · · ·	<u> </u>
	FILING FEES: \$85.00 Active limited liability company	tu	
	\$ 25.00 Administratively dissolved/ version withdrawn limited liability con	oluntarily dissolved/	

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