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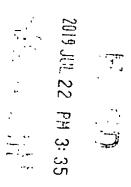
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COVER LETTER

SUBJECT: REEL LAXING, LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000067543 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 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: at (1800) 773-0888 x3951 Kasandra Lund Area Code Davtime Telephone Number 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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TO: Registration Section

Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersign	ed,
United States Corporation Agents, Inc.		, hereby resigns as
Name of Registered Agent		
Registered Agent for_	REEL LAXING, LLC	
	Name of Limited Liability Company	
_L18000067543		
Document ?	Sumber, if known	
	tion was mailed to the above listed limited liability comp ed and the office discontinued on the 31st day after the date	
	Signature of Resigning Agent	2019 JUL
If signing on behalf of	an entity:	<u>}</u> :
	Cheyenne Moseley	. 22
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, In	- PH 33
	Capacity	— 35

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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