## L18000075348

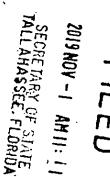
(Requestor's Name)			
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## **COVER LETTER**

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Division of Corporations		*	
SUBJECT:			
Name of Lim	ited Liability	Company	
DOCUMENT NUMBER: L18000075348			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Hiability Company and fee are submitted	
Please return all correspondence concerning this	matter to the	ne 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 r	notification)		
For further information concerning this matter, p	lease call:		
Janna Pantoja	1 800	773-0888 x3950	
Name of Person	Area Code	) Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department dy dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clition Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersigned.	
United States Co	rporation Agents, Inc.	
	Name of Registered Agent . Hereby	y resigns as
Registered Agent for	Cove, LLC	
	Name of Limited Liability Company	
L18000075348		
Document	Number, if known	
	ation was mailed to the above listed limited liability companied and the office discontinued on the 31st day after the dat Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	ALITE ALITE
	Typed or Printed Name	<del>_</del>
	Asst. Secretary for United States Corporation Agents, Inc.	<b>.</b> .
	Capacity	<del>_</del>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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