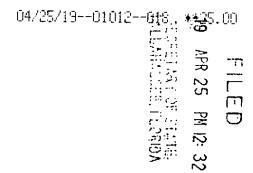
L18000079319

| (Re | questor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| — (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |





400328250164



O SIMMONS

COVER LETTER

| | ne of Limited Liabilit | y Company |
|--|--------------------------|---|
| DOCUMENT NUMBER: L1800007 | 9319 | |
| The enclosed Resignation of Registered for filing. | l Agent for a Limite | d Liability Company and fee are submitted |
| Please return all correspondence concer | ming this matter to t | he following: |
| United States Corporation Agents, | Inc. | |
| Name of Person | | - |
| Legalzoom.com, Inc. | | |
| Name of Firm/Compa | ny | _ |
| 9900 Spectrum Dr. | | |
| Address | | - |
| Austin, TX 78717 | | |
| City/State and Zip Coo | de | • |
| E-mail address; to be used for future ann | ual report notification) | _ |
| For further information concerning this | • | |
| Kasandra Lund | 1 800 | 773-0888 x3951 |
| Name of Person | Area Code | Daytime Telephone Number |

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

| United States C | orporation Agents, Inc. hereby re | signs as |
|-----------------------|--|---------------------------------------|
| | Name of Registered Agent | |
| Registered Agent fo | Consult Keane LLC | |
| | | |
| | Name of Limited Liability Company | |
| L18000079319 | | IN 25 |
| Documer | nt Number, if known | · · · · · · · · · · · · · · · · · · · |
| | R INDURA, II KROWI | |
| A copy of this resign | nation was mailed to the above listed limited liability company a | |
| _ | | t its last known add း s. |
| _ | nation was mailed to the above listed limited liability company a nated and the office discontinued on the 31st day after the date of Signature of Resigning Agent | t its last known add ညs. |
| The agency is termin | nation was mailed to the above listed limited liability company a nated and the office discontinued on the 31st day after the date of Signature of Resigning Agent | t its last known add ညs. |
| The agency is termin | nation was mailed to the above listed limited liability company a nated and the office discontinued on the 31st day after the date of Signature of Resigning Agent of an entity: | t its last known add ညs. |
| The agency is termin | nation was mailed to the above listed limited liability company a nated and the office discontinued on the 31st day after the date of Signature of Resigning Agent of an entity: Cheyenne Moseley | t its last known add ညs. |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company